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THE

# MEDICAL AND SURGICAL REPORTER.

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## Original Department.

### Communications.

### THIRTEEN CASES OF STERILITY AND DYSMENORRHŒA, CAUSED BY ABNORMALITIES OF THE UTERUS, TREATED BY BILATERAL INCISION OF THE CERVIX UTERI.

COMMUNICATED BY ROMAINE J. CURTISS, M.D.,

Of Joliet, Illinois.

Case 1.—Mrs. O., native of and residing at Evans, N. Y.; age, thirty-one years; married eight years, and sterile; she menstruated at fifteen. During the last five years has been failing in health; menses have been irregular and very painful; she is anæmic, emaciated, and has a cough, and is under the care of a physician, whose diagnosis of her troubles is consumption, and who predicts that she will die when the leaves start, in the coming spring. She consulted me on account of her dysmenorrhœa, which has troubled her since her married life began. On examination I find the uterus retroflexed, the cervix conoidal, and the os so small as to be scarcely discernible. The uterus was replaced by the sound, and Hodge's pessary applied. Dilatation of the cervical canal was attempted by sponge-tents, without much effect, or relief to the dysmenorrhœa. Three months after my first examination I made bilateral section of the cervix, afterward applying Scattergood's pessary. The painful menstruation never troubled her again. She became pregnant within six months, and while wearing the pessary, greatly to the surprise, and somewhat to the regret of herself and husband. She was delivered at full term, of a healthy boy, and has since had a daughter. She is a healthy woman, and weighs nearly two hundred pounds.

Case 2.—Mrs. F., native of and residing at Brant, N. Y.; age thirty years; menstruated at fourteen; married twelve years, and sterile. Her husband had been absent three years of this time, soldiering. She had suffered much during her married life, from dysmenorrhœa, and also from nervous mimicry of "liver complaint," and its radical treatment, having been several times salivated. Her lady friends and physician agreed in the opinion that pregnancy would make a healthy woman of her, and I was consulted on account of her sterility. I found that she was subject to violent attacks of sick headache, had dyspepsia, and more or less constant lumbar and pelvic neuralgia. On examination of the uterus I found a conoidal cervix, with a moderate degree of retroflexion, and some endo-cervical inflammation; the canal was filled with a plug of mucus. She was treated locally, with chromic acid, for three months, with some amelioration of local pains and distress, and improvement of her general health. Not becoming pregnant, however, six months afterward section of the cervix was made. In sixteen months from the date of operation she was delivered of a boy. She has since had two children. This lady's change in physique, after the operation and consequent relief of the dysmenorrhœa, was remarkable; her sick headaches, "liver complaint," and pelvic neuralgia, entirely disappeared, and

she gained fifty pounds in weight before pregnancy occurred. At the birth of her first child she suffered laceration of the perineum, which was promptly relieved by operation.

Case 3.—Mrs. B., native of Evans, N. Y.; age thirty-nine years; married fifteen years, and sterile. Five years after her marriage her hymen, which had remained intact, was removed by Prof. Jas. P. White, of Buffalo. Complete sexual intercourse, up to this time, had, of course, never occurred. The removal of the hymen was, however, not followed by pregnancy. This patient, when a child, had "choreic insanity," and was treated by various physicians for "spinal complaint." Her cure of spinal complaint was attributed to the use of patent "golden pills and plasters," and occurred simultaneously with the appearance of the catamenia, in her sixteenth year. Her menstruation had always been painful, and accompanied by hysterical symptoms. The os tincæ presented the appearance usually found in the conoidal cervix, and was enlarged by the knife. Unfortunately, her husband soon after died, from tubercle, and the only result of the operation was the cessation of the pain of menstruation, and improvement of general health.

Case 4.—Mrs. B., of Collins, New York, had the following clinical history: Age thirty-eight years; menstruated at fourteen, married at nineteen, has one child, a daughter, fifteen years old. She has not been pregnant, but has been an invalid since the birth of this child, from uterine disease. She has dysmenorrhœa, associated with persistent vomiting, probably from nervous mimicry of gastritis. She is under the care of the family physician, whose latest diagnosis is pregnancy; I suppose a deduction he formed from the fact of her vomiting. Another physician, combining the graces of eclecticism in treatment and the supernatural gift of clairvoyance in diagnosis, has also been consulted, and has given the opinion that the patient has a uterine fibroid tumor, as large as his head. I was called to visit her at night, during one of her fits of vomiting, and at once made an examination of the uterus. I found no pregnancy or fibroid, but the condition of endo-cervicitis. The nitrate of silver crayon was applied to the cervical cavity thoroughly, and had the effect of controlling the vomiting. She was treated by local applications of silver to the uterus for six months, at which time the inflammation was apparently cured. The silver treatment, however, caused contraction of the cervical canal, and as time passed, her dysmenorrhœa gradually returned, as well as her other symptoms of ill health. All parties interested hoped for pregnancy, which did not follow, and in a little more than a year from the time I first saw her, I made an incision of the cervix. On the tenth day after the operation the patient got out of bed, and walked across a wet floor in her stockings, the result of which was an attack of metro-peritonitis, associated with vomiting. For the next five months we despaired of her life. She was not like the dying humorist, who wanted his obituary to contain the sentiment that he was the sickest man who ever died; but I thought she was the sickest woman that ever escaped death. Her vomiting was persistent, in spite of any medicines or appliances, for four months, and during this time she was nourished by nutrient enemata, consisting of cod-liver oil and animal broths, quinia, etc. During the third month of this illness she became paraplegic. At the end of four months she began to retain food upon the stomach, and gradually recovered. The paralysis was treated by hypodermic injections of strychnia and galvanism. It was eight months from the outset of the peritonitis before she could walk alone. She has made a complete recovery, is regular, with painless catemenia, and no spells of vomiting. Nearly three years have elapsed, and, I am sorry to say, she has not yet become pregnant. Prof. James P. White, M. D., of Buffalo, made the patient a visit while she was paraplegic, with me, and the patient and I were under obligations to him for his valuable suggestions regarding the treatment.

Case 5.—Mrs. P., living in North Buffalo, native of England; menstruated at sixteen; married ten years and sterile; is twenty-eight years of age. I was consulted on account of her sterility. I believed the cause to be the long-pointed cervix, projecting one and a half inches into the vaginal cavity, with a small round os tincæ. The cervix was incised, and in a year's time she was delivered of a girl; she has since had other children.

Case 6.—Residing at Silver Creek, N. Y.; age twenty-seven; menstruated at thirteen; married eight years, and sterile. The cervix was long and conoidal, like the previous case. She had moderate dysmenorrhœa. The cervix was incised. She became pregnant two years afterward, and miscarried at the third month.

She afterward was delivered of a child at full term.

Case 7.—Mrs. M.; English woman; resident of Evans, N. Y.; a farmer's wife; age thirty-seven; menstruated at fifteen; married fifteen years, and is sterile. She has moderate dysmenorrhœa, but is a healthy woman, working out doors on the farm, as well as doing house-work. She consulted me on account of sterility. The uterus was in proper position; the cervix was conoidal and elongated. The cervix was duly incised, but owing to careless attention afterward united again. Three years afterward the operation was repeated, this time successfully, and she became pregnant, but miscarried at six months, owing to severe out-door work. She has not been pregnant since, to my knowledge.

Case 8.—Miss M., milliner, age twenty-six years, native of Evans, N. Y.; consulted me on account of dysmenorrhœa. She menstruated at fifteen, and since the age of twenty has had painful menstruation. Her periods were a terror to her, and she was bed-ridden half the time, from the nervous irritation consequent upon the dysmenorrhœa and pelvic distress, with an insupportable feeling of weight in pelvis when standing. On examination I found the uterus retroflexed, the cervix long and conoidal, the os tincæ small, and a contracted cervical canal. Prof. James P. White, M. D., was called to visit the patient in counsel with me, and advised and performed the operation of section of the cervix. No pessary was afterward applied, and owing to insufficient attention after the operation, and to the fact that the os internum was incised, the incision again united, leaving the uterus retroflexed, and a tortuous, cicatrized cervical canal, that was nearly impervious to a probe, or the menses. For the next two years this patient was bed-ridden; the menstrual molimen was attended, at each effort, with pains like, and nearly equal to, parturition, sometimes lasting three days before the appearance of the menstrual flow. She required the use of the catheter twice daily, nearly all of the time, for two years, and the irritation of the uterine disorder upon the nervous centres produced, in time, a nervous imitation of nearly every known disease of various organs. She was visited by many quacks, who all agreed in condemning the operation made by Prof. White. At the end of her first year's rest in bed the uterus assumed its natural position. About this time Prof. J. F. Miner, M. D., of Buffalo, was called to visit her with me. Dr. Miner attempted to enlarge the cervical canal with a urethrotome. The result was of no benefit, and another year passed before she would consent to any further use of the knife. During this time dilators of various patterns, and sponge tents, were assiduously used, with but little benefit. At the end of two years from date of first operation, in the presence of Prof. White, I made another section of the cervix. Her next menstruation was painless. The result of this operation could not have been better. A large patulous os, and free cervical canal were formed, and the patient regained her general health, and has never had any more local trouble.

Case 9. Miss W. Westfield, New York; age twenty-five; menstruated at fifteen. She has been for a year under the care of Dr. Brown, of Westfield, an accomplished physician, for uterine disease and dysmenorrhœa. She practices hysterical deception ingeniously, and in various ways. She has nervous imitation of heart disease, and contributes to the physical signs thereof by producing a succussion sound of gas in the bowels, by means of the voluntary contraction of abdominal muscles, which sound, she tells her friends, is produced by the water around her heart. Being educated by her physician, to a certain extent, on the pathology of dysmenorrhœa and its causes, and having an understanding that *membranous dysmenorrhœa* is the worst form of said disease, she began to pass and produce membrane at each menstrual epoch, the quantity increasing at each effort, until this form of the disorder terminated, at one of her menstrual periods, in the birth of the greater part of a beef's peritoneum, which she exhibited to the expectant doctor, who preserved the specimen. I was consulted on account of her painful menstruation, and suggested, as the cervix was long and conoidal, its incision. The operation was performed in presence of Dr. Brown; the dysmenorrhœa was relieved thereby, and her general health gradually restored.

Case 10. Mrs. Bohemian, living at Racine, Wis.; age thirty-eight; married fifteen years, and sterile. She is under the care of Dr. A. H. Hoy, who is treating her for dysmenorrhœa by sponge tents, to dilate the contracted cervical canal. This treatment has not had the desired effect, and while I was making him a social

visit, he requested me to make section of the cervix. The operation was performed, as I thought the case required it, the cervix being elongated and conoidal. The patient's next menstruation was painless, and she was taken with a laudable fit to wash and be clean, and went to "cleaning house" during her menstruation, in her bare feet. The consequence was an attack of metro-peritonitis, from which she recovered by a chance, but the benefit of the operation was small indeed.

Case 11. Miss J., of Evans, N. Y.; age twenty four; was choreic when a child; has an insane heredity, and has had dysmenorrhœa, violent in character, for several years. She would not at first consent to an examination per vaginam; said she preferred to die. She took cod liver oil, strychnia, and phosphorus, for three months, with good effect; but in a year all symptoms returning, and the dysmenorrhœa having continued, and admitted as the cause of her nervous derangements, she consented to have her conoidal cervix incised, and became a healthy woman.

Case 12. Mrs. M., native of Cattaraugus county, N. Y.; age thirty-six years; twice married, and sterile. She has had violent dysmenorrhœa since her eighteenth year. She was brought to me by her father, a practicing physician, for examination. Her cervix uteri was found long and conoidal, the uterus partially retroflexed, the cervical canal crooked, and I could not pass any sized probe or sound into the uterine cavity. It was decided to incise the cervix, which was done, and her next menstruation was the most painless she had ever experienced. She left immediately, however, to live in Albany, before I had finished her treatment. I have since heard that she became pregnant.

Case 13. Miss B., residing on Cattaraugus Reservation, New York; native American; Seneca tribe; age twenty-two. She has been a bed-ridden invalid over two years, from painful menstruation. She was subject to hysterical convulsions, which were supposed to be the cause of the dysmenorrhœa. The condition of the uterus was retroflexion, and a conoidal cervix, which was incised. At the time of the operation she was an emaciated, pitiable object; her lower extremities were flexed upon the abdomen, and there was a large bed sore over the sacrum. The distress of the nervous system being relieved by the easy menstruation, she rapidly recovered. I saw her three years afterward. She was then a large fat squaw, carrying a pappoose, and said she was duly and truly married.

These cases of sterility and dysmenorrhœa occurred in my practice during the eight years of my residence in Erie County, New York. The abnormalities of the uterus giving rise to sterility or dysmenorrhœa, or to both, in the married cases, for which incision of the cervix was made, were, a conoidal cervix, a contracted and tortuous cervical canal, and retroflexion of the uterus. There was no marked congestive or inflammatory affection of any pelvic organ, and the cause of the sterility and dysmenorrhœa I supposed to be mechanical, resulting from the abnormal structure or position of the uterus, and hence the surgical interference of incision of the cervix, to enlarge the cervical canal, and to create a wide, patulous os tincæ, was employed with benefit to all, and entire relief to most of them. In the treatment of sterility and dysmenorrhœa, I always have limited the incision of the cervix to such abnormal conditions of the uterus as I have described, and these cases illustrate one form of these diseases, their causes, and their evident proper treatment. The operation of incision of the cervix in these cases was made on the fifth day after cessation of the menses. and in the manner described as follows:—The cervix is exposed by Sims' speculum, and brought into convenient position by a hook. It is then incised bilaterally, the cut being made from the cervical canal outward, from the os externum to within a few lines of the junction of the wall of the vagina with the uterus. The enlarged cervical canal, thus made, is then packed with pledgets of lint, saturated with carbolized glycerine. No styptics are used, especially no persulphate of iron. A large pledget of cotton-wool is then saturated with glycerine and opium, and applied over the os, in the vagina, to hold the dressings in position. Any hemorrhage is controlled by the tampon.

On the fourth day the dressing is removed and reapplied, and continued every alternate day until the next menstruation, when it is removed. After cessation of the menses the same dressing, alternated with sponge or sea tangle tents, is used, until a free open cervical canal is secured, with a patulous os tincæ. The operation is comparatively painless, and an anæsthetic is not required. (Dr Curtiss. Med. & Surg. Reporter)

# Hospital Reports.

## HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

### SERVICE OF PROF. JOHN NEILL, M. D.

REPORTED BY DE F. WILLARD, M.D.

#### Gonorrhœa.

Gentlemen:—The first case which I bring before you this morning presents a train of symptoms which are unmistakable. The patient is a man, of the indiscreet age of nineteen; robust and healthy; but as I address to him a few questions, his reluctant answers develop the fact that he has had a discharge from his urethra for more than a week; that it was preceded by heat and pain in the part; that urination is now difficult, and is accompanied by straining; that he has chordee at night, and that this running commenced some four or five days after contact with an impure woman. There would certainly be no doubt in your minds in regard to the nature of his complaint, even although you were not medical gentlemen, for the popular knowledge of this disease is, unfortunately, too wide-spread already. The English term, clap, is familiar to many ears, while gonorrhœa has been so long used to express this condition, that, however faulty its designation may be in a scientific point of view, yet all of us understand its meaning. Certain it is that there is no flow of γονή, sperm, but blennorrhœa (βλέννα, mucus) is equally erroneous, while "chaude-pisse" is only expressive of a minor symptom; consequently, until a better name is proposed, we will retain the old one.

The disease is not a recent innovation; it is as old as scripture times, and the directions there given in regard to "him that hath a running issue out of his flesh," are undoubtedly intended to prevent the spread of this affection.

The case before us, then, naturally brings us to the important subject of venereal disease, as it is called; but as soon as we enter upon the discussion, we shall find that authorities differ in regard to what diseases shall be classed under this head. There are the truly venereal affections, as syphilis, in its primary, secondary and tertiary forms; and there is the malady under consideration, which certainly is not syphilitic. It is, however, a specific disease, and arises solely from a specific cause. It is not a simple urethritis, such as would be occasioned by the presence of a foreign body, the use of turpentine, or the injury of a blow. These causes may produce a urethritis, but never a gonorrhœa. The pus from the non-specific form differs in no wise from ordinary healthy pus, and will not produce an inflammation when applied to another mucous membrane; but let one single corpuscle of gonorrhœal pus be placed upon the conjunctiva, for instance, and what will be the result? An inflammation so severe and rapid as to endanger, if not destroy the sight in a few hours. A purulent ophthalmia will not do this.

There is, then, a gonorrhœal germ, which is individual and distinct, and which arises only from a similar previously existing germ. It does not grow out of any other purulent formation; it is not a development, but is a germ sui generis. There is no gliding of a simple urethritis into a specific one. For its propagation from one individual to another, actual contact is necessary—all stories to the contrary notwithstanding. Those who profess to have contracted it in any other way, are always those whose respectability would be injured by the truth, and whose countenances show deceit; those who confess the truth never find that it came unawares upon them.

The case before us admits of no doubt; the history is clear; and as I expose the part, you see the profuse greenish-yellow discharge which bathes the red and swollen glans and tumid prepuce. Along the whole course of the urethra there is a sensation of induration, and slight pressure gives pain. The testicles are not sensitive, and are of normal size.

The first seat of this disease is in the superficial layer of the mucous membrane at the fossa navicularis. The orifices of the follicles and the lacunæ soon become involved, while in due time the inflammation traverses the canal backward, usually, at least, as far as the so-called bulbous portion. By this time, the discharge, which was at first thin, and just sufficient to moisten the meatus, has become mucopurulent, or purulent, as you see in the case before you.

Now when will this inflammation reach its height? It has already, perhaps, done so, and in a few days, if it is an uncomplicated case, we may anticipate the stage of decline. The inflammatory symptoms will subside, the discharge lessen, ardor urinæ and tenderness disappear; but unassisted a complete cure would not be probable; in many cases a chronic condition, known as gleet, being the result. There are various forms and complications of gonorrhœa, of which we have not time to treat this morning, but will reserve them for clinical illustration. In the female the disease is altogether a different one, and is easily managed, provided you have control of the patient.

Balanitis, spasm of the bladder, hemorrhage from the urethra, abscesses, orchitis, and epididymitis, are not at all infrequent, and are troublesome complications.

Bubo is rare, but may occur in debilitated constitutions, even when there is no suspicion of even a "chancre larvé;" but suppuration is even then the exception.

Phimosis is quite common, from swelling and œdema, but cold local applications are ordinarily sufficient to prevent undue compression of the glans.

In regard to ophthalmia, as I have already indicated, a single corpuscle of gonorrhœal pus upon the conjunctiva is sufficient to procure a most intense form of inflammation. Every

patient, therefore, should be cautioned to observe the strictest cleanliness in regard to his hands, and to avoid putting them to his eyes under any circumstances.

But in regard to the patient before us. Shall we treat him with all the nauseous and stimulating diuretics which have been so long in vogue? By no means! and if we learn nothing else this morning, let me fix it upon your minds, that "the regulation cubebs and copaiba" are not only, as a rule, useless, but actually harmful. I am willing to affirm that one-half the people who take balsam of copaiba are injured by it, and since the introduction of capsules the drug is still more liable to abuse than before.

You may often diagnose, from the peculiar gait of a young man, his leaning forward, his pale face, and his careful stepping, that he is taking balsam to excess. Were you to examine him you would find a painful bladder, a sensitive urethra, and a debilitated man.

When long continued, a form of cystitis is produced, while gleet, stricture, etc., are common results of its use. Is there, then, no rational method of cure. There is, and we will put this man upon it. He needs, not stimulating diuretics, but salines, and I shall at once order

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|---|---|---|---|
| ℞. | Potass. bitart, | ʒiv | |
| | Potass nitrat, | ʒiij | |
| | Antim. et potass tart, | gr.j. | M. |
| Ft. chart No. xij. | | | |

Sig.—One powder, in water, three times a day.

This should be continued until the urine is rendered thoroughly alkaline and unirritating. This will occur in the course of a few days, and I assure you that all of you will be satisfied with the results. There may be chronic cases of the disease of the mucous membrane, especially of the lungs, in which copaiba is advantageous, but an acute case of gonorrhœa should *never* be treated with it.

In addition to the internal treatment above mentioned, cold local bathing. slight purgation (if the saline does not accomplish it), moderate diet, entire abstinence from all forms of stimulating drinks or condiments, and the observance of quietude, will greatly hasten a cure. A dose of oil or a bottle of citrate of magnesia, is usually all the medicine that is required.

In regard to injections, do not be in too great haste to commence with them, as, in the hot purulent stages of the first few days, they are positively injurious. The "abortive treatment" of Ricord, as it is called, is only productive of harm, and many cases of stricture have their commencement in an "aborted" gonorrhœa. Strong injections must never be used; one grain to the ounce is enough; frequently I use less. I usually commence with a solution of zinci sulph., gr.ss to the ounce of rose water, about the fourth or fifth day, when the acute inflammatory symptoms are beginning to subside. The strength may be increased upon each successive day, until the grain is reached. Unfortunately, all these astringent washes seem to lose their effect after a short period of use, and a change becomes necessary. You may then have resort to cupri. sulph., arg. nit., zinci. chlor., using them in the order enumerated, and in strength as above. In ten days the discharge will materially diminish, and in a week more the patient will be well. Of course the immediate resumption of wine and women will produce a relapse, as also undue exercise—base ball, any excess, in fact; but what I mean to say is that he is practically well, and only needs hygienic cautions to remain so.

This treatment, I am sure, you will find satisfactory in a large number of cases, and in ninety-five cases out of a hundred you will see that the red and swollen glans, the œdematous prepuce, and the yellowish-green discharge have almost entirely disappeared at the expiration of the tenth day.

You cannot cure gonorrhœa in less time than this, and at the very first visit it is proper to inform the patient that you do not expect him to be well in less than three weeks. Your prognosis will then prove correct, and he will have confidence in your word. Suppose, however, that you dose your patient with copaiba or cubebs, and denude his urethra with strong injections. What will be the result. A sore and chronically inflamed membrane, inflammatory deposits, continuous discharge, and a generally pathological condition of the urinary tract, a gleet or chronic gonorrhœa, and quite probably stricture. What would be the symptoms to mark such a condition externally?

I have here another case. Look at his penis. You see nothing, neither redness nor discharge, yet he says that he has had a running for eighteen months. It is not abundant; just sufficient to moisten the meatus—a pinhead gleet—yet it is enough to render copulation dangerous to the approached party, and he complains that excess of any kind gives him pain in the urethra and perineum, and difficult micturition. This will be the history of a large majority of the cases which come under your care; now, they are better, now worse; they have tried every variety of treatment, every school of practice; have wasted their money with charlatans, and have, perhaps, even visited Europe, and consulted eminent specialists. This would seem disheartening to both patient and surgeon, if there were no true basis of relief. The clue to the diagnosis of the pathology of this condition lies in the fact that every gleet indicates a commencing stricture. I make the statement, without reserve, that all non-traumatic strictures commence in gleet, as I feel that clinical experience will justify the assertion. To cure this man's gleet, then, we must first cure the stricture, a procedure which is not difficult if taken in time. Here lies the secret of prevention of gleet. Never dismiss a case of gonorrhœa from your care until you have ascertained the exact condition of his urethra, and are certain that its calibre is not being encroached upon by

inflammatory deposits. The proper treatment of gleet consists in the prevention of stricture. How shall we ascertain the truth. I take a metallic bougie, No. 18, French scale; pass it down his urethra; it slips easily in until the bulbous portion is passed; now, just at the beginning of the membranous, it is arrested. I use no force, and yet I keep up persistent pressure, and in a moment the obstacle yields, and the instrument is in the bladder.

This confirms the diagnosis, and our treatment consists in the passage of these metallic bougies every other day, gradually increasing their size until a No. 30 will enter with ease.

Now if this urethra were laid open, what would we see? Slight redness of the mucous membrane, effusion into and thickening of the submucous connective tissue, an effusion which was at first soft, plastic lymph, now it has become hard, dense, unyielding, and in a few months more it will be almost impossible to dilate it with any ease. Such a condition means impaired health, great suffering, and spirits so depressed, that the patient sometimes becomes very morbid, and imagines himself the victim of a thousand ills. It is your province to reassure him. Now this man needs no treatment save the bougies, and we may confidently predict a cure.

(The patient returned for treatment upon alternate days, and in two weeks was well. De F. W.)

## Medical Societies.

### MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA—TWENTY-SIXTH ANNUAL SESSION.

#### ABSTRACT OF REPORT ON HYGIENE.

BY BENJAMIN LEE, A.M., M.D.,

Of Philadelphia.

In inaugurating what I understand from the resolution adopted by the Society at its last meeting to be a continuous series of annual reports on the subject of hygiene, I may be pardoned for indulging in a few prefatory remarks as to the attractiveness, importance and magnitude of the field which it embraces.

Hygieia, the "sweet, smiling goddess of health," was one of the fairest conceptions of an age which combined, in an exceptional degree, poetry of thought with clearness of judgment, owing, perhaps, to the very fact that it appreciated so much more thoroughly than any other (unless it may have been the Mosaic), the absolute necessity of corporeal sanity to the existence of mental sanity, and was, therefore, not ashamed of this human form, which the Creator himself, having moulded after his own likeness, contemplated with unmixed admiration, and pronounced superlatively "good." This age of poets, sages and artists lavished all its wonderful powers of creative genius in giving expression to its ideal of that divinity whose special care should be the bestowment and maintenance of physical health. The embodiment must needs be feminine, because the mother, the nurse, the wife, have for their special function that daily ministry to the bodily welfare and necessities of offspring and of husband, that constant presence in and care of the home, which are the two essentials of health, in the family and in the individual. She must needs be youthful, as presenting ever to the mind of the entranced beholder that period of life when a blood unvitiated by vice or excess courses through a frame unmarred by violence or exposure, and colors a cheek unstained by sin. Purity must look forth from her eyes, and truth sit enthroned on her brow; for unbridled passion and soul-torturing deceit are equally inimical to the perfect preservation of health. Her form must be lithe, vigorous and well nourished, but not redundant, as showing her adorers that neither asceticism, on the one hand, nor gluttony and voluptuousness on the other, are allowed in her worship, encouraging activity as contrasted with indolence. Cheerfulness must radiate from her every feature, since gloom and despondency are the recognized foes of sanity, whether of body or mind; and over all, pervading expression of face and pose of limb, must be that indescribable charm of gentleness, as teaching her votaries that in the mutual interchange of kindly sentiment and act they should greatly promote the common health and common weal. And so has the lovely inspiration come down to us, immortalized by the sculptor's art, a joyous maiden, full of tender grace, robed in chaste and flowing vestment.

Let us consider for a moment the scope of her worship. The term "preservation of health," implies the term "prevention of disease." Strictly speaking, we might say that there is but one disease which is, in its essence, not preventable, *old age*. But there are many diseases of which we can conceive the possibility of prevention, of whose prophylaxis we are yet profoundly ignorant. Hence the distinction, practically a most useful one, into preventable and non-preventable diseases. We see reasonable ground to hope that the ratio of the former to the latter will constantly increase with the additions to our acquaintance with their causes which modern methods of research are constantly making. At present, preventable disease, otherwise called *zymotic* disease (as indicating its probable origin in the introduction into the system of particles from without, which produce a zymosis or fermentation in the fluid constituents of the body), such disease, I say, under the various forms of fevers, diarrhœa, scarlatina, small-pox, whooping cough, cholera, measles, and diphtheria, is credited with producing in thirteen of the large towns of the United Kingdom of Great Britain, nearly one-fifth of the entire number of deaths.* During the past five years, five of these diseases,

* Lecture on "Zymotic and Preventable Disease," by Dr. Thomas W. Grimshaw, delivered before the Royal Dublin Society, 1873.

fever, scarlatina, diarrhœa, whooping cough, and small-pox (mentioned in the order of their destructiveness), have swept off, in Ireland alone, 59,478 persons, about 12,000 per year; while an abstract of deaths returned from the principal zymotics in Dublin during the first nine years of the working of the Births and Deaths Registration Act, of 1864, assigns 14,069 to these causes, or 1539 per annum. The report of the Committee on Meteorology and Epidemics, of the Philadelphia County Medical Society, for 1873, which appeared in the Transactions of this society last year, states the number of deaths from such causes to have been, approximately, 1550, or 11.25 per cent. of the total mortality. The report of the same committee for the past year shows the mortality from like causes to have been about 1500. And this during a year when the city was confessedly and boastfully free from epidemic disease. Typhoid fever, the most preventable of all diseases, except small-pox, strikes down its daily victim or victims, in that city, with unerring certainty, year in and year out. Certainly the science of hygiene requires no apology for its existence, in the light of such figures as these. Let experience testify what it can accomplish.

Two hundred years ago, London had a population of about half a million. At that time forty-two out of every thousand of her citizens died every year. To-day, with a population of three and a half millions, only twenty-one out of every thousand die annually; exactly one half, as you notice, of the former rate. To sanitary legislation, judiciously conceived and faithfully carried out, is by far the greater part of the credit for this immense saving of human life due.

If we glance at the mortuary statistics of the next largest city of the civilized world, we see no less ground for encouragement in the reduction of the death-rate of Paris, in the short space of thirty-one years, from 1841 to 1872, a period within the memory of most of us here present, from twenty-eight to the thousand to twenty-one to the thousand. With such convincing results staring them in the face, can anything more be needed to arouse our legislators, state and municipal, to a sense of the urgent importance of this question and of their duties under the premises! Yes, unfortunately, I blush to say it, for it is the shame, not of our legislators only, but of our people, of whom are the legislators, one thing more is needed—to show them that this matter has a financial aspect. It must be brought home, not only to their hearts and their hearth-stones, but to their tills and their burglar-proofs. They must be taught that a human life has an actual cash value, as certainly as that of a horse or a cow, and that when, by neglect of well ascertained precautions they waste human life, they are squandering untold millions of substantial wealth as well. I have gathered data on which I hope to base, and at some future time present, an argument on this point in reference to one particular disease. The field has been already entered upon by others, with rich results. Dr. W. E. Boardman, of Boston, in an article in the Sixth Annual Report of the Board of Health, of the State of Massachusetts, for the year 1874, a volume of the greatest scientific and practical worth, entitled "The Value of Health to the State," arrives at the following startling result: Considering the working people alone of that commonwealth, he concludes that the loss to the State, by their sickness only, amounts, in the course of a year, at the lowest calculation, to $15,267,322.00. This, of course, is not, all of it, preventable sickness. But if we should estimate the preventable sickness at one-fifth, for which, as we have seen, we have authority, we should have a loss of over $3,000,000, for this class alone. The two grand postulates are then sufficiently established. The necessity for sanitary legislation, both in a humanitarian and a finanical aspect, and the value or efficiency of sanitary legislation thoroughly administered.

In glancing back at the sanitary history of the past year, not the least noticeable of the events which we are called upon to record is the meeting of the American Public Health Association, in Philadelphia, in the month of November, 1874.

One of the most important of their utterances was the protest then made against the establishment of an immense slaughter house, euphemistically entitled an *abattoir* (by any other name it would doubtless smell as sweet), directly in the centre of the city of Philadelphia—itself the greatest insanitary event of the year. It was a gratifying indication of an awakened public sentiment on such questions, to observe the vigorous opposition which this proposal called forth in all classes, the Board of Health and our own profession taking the initiative. The Philadelphia County Medical Society and other medical bodies and charitable institutions entered their protests against it, in no uncertain language. A committee of citizens went to work with most praiseworthy zeal, industry and ability, to gather testimony upon the subject (among which was a most valuable opinion by Dr. J. H. Rauch, the eminent sanitarian of Chicago), and sent a number of its own members, including experts, to examine critically a similar establishment in New York. Their investigations resulted in such a thorough conviction of the enormity of the proposed evil, that they obtained an injunction against it, which, however, was set aside by the court, on apparently technical grounds. But let us hope that, as I once happened to hear a young lady remark who had been knocked down by a burglar, "It was all ordered." Good may yet result from the carrying out of this monstrous project.

We are told by Dr. Charles M. Cresson, in a recent report to the Chief Engineer of the Water Department of Philadelphia, that the slaughter houses in which today not less than twenty-five per cent. of the whole number of animals needed for our

market are killed, pour their refuse and garbage directly into the pool of Fairmount dam, from which the drinking water of nearly nine-tenths of the population of this great city is directly drawn. Now this great *new* slaughter house will be situated below the dam, and if, as is confidently asserted by the able man who has planned it, will be the case, it completely absorbs all the lesser slaughter houses, it will, at least, save our water from this source of contamination, although it may poison our air. That it will do the latter to such an extent as to be offensive and a palpable nuisance, I confidently expect; it will then be removed to a more fitting situation, further down the river, and the lesser pest-holes, once eradicated, will never again come into being.

This is the silver lining to this threatening cloud. The documents published by the committee of criticism in this connection form an interesting and valuable addition to the literature of the subject, containing, as they do, a large amount of expert and other testimony.

But we shall protect the purity of our external air from vitiation to little purpose, if we do not also secure its free admission into our houses, and provide means for its escape as soon as it becomes unfit for use.

In order to ensure this result in houses heated by warm air flues, a very ingenious device has been brought forward by a well known citizen of Germantown, Mr. George R. Barker, which has so far met the approval of scientific men in Philadelphia, that it has been introduced into all the new buildings of the University, a practical endorsement which makes anything beyond a simple demonstration of its design quite unnecessary at this time. (The apparatus was then explained by means of a diagram).

The value of salycilic acid as an arrester of putrefactive and fermentative changes was then alluded to, and its use as a disinfectant in the sick room suggested, with formulæ for its preparation for this purpose.

In regard to the question of the purity of food, the subject which is now most prominently before the professional mind is the capacity possessed by that most essential article of diet, milk, for the absorption, multiplication and conveyance of the *materies morbi* of contagious or zymotic diseases. This material may be introduced in water, which water finds its way into the milk in some mysterious way, which the vendors, simple folks, find it quite impossible to explain, or is carelessly left in the cans after rinsing. Of course, I do not mean to insinuate that in this good little city of Pottsville anything but the purest article is ever dispensed under this name, save by the merest accident; but larger towns are not so fortunate. It has been estimated that the confiding citizens of New York pay annually four million dollars for what they, in their innocence, imagine to be milk, but which is, in reality, a very inferior article of water. I say an *inferior* article of water, because, for reasons which can be imagined, this water never comes from well known and publicly frequented sources. Barn yard wells, old neglected pumps, even roadside ditches have been known to supply it. At one time certain of the citizens of Wilmington, Delaware, were surprised and distressed to find a distinct odor of petroleum in their milk. No one could account for it, least of all the milkman, until it was discovered that his route to town was by the side of a ditch leading from a coal oil refinery. It is said, too, that a scientific gentleman of that town had his preconceived notions of natural history somewhat rudely shocked by the fact of his cook showing him a live tadpole swimming in the whitish fluid intended to modify his morning cup of Old Government Java. The moral of this is, that the danger of watering the milk consists principally in the foul character of the water generally used, which must generate disease. But milk is extremely susceptible to contagion floating in the atmosphere.

It cannot, therefore, be too strongly impressed upon farmers and dairymen that their dairies should never, under any circumstances, be contained in or contiguous to their dwelling houses; that no one should be allowed to milk or take any part in dairy work who is convalescent from fever or other infectious disease, until full six weeks have elapsed from the height of the disease; that all dairy utensils should be scalded out after using, and that only the purest spring water should be employed for this purpose. To the traditional scrupulous cleanliness of the old-time Pennsylvania housewife, is due the widespread fame of Philadelphia for the excellence of its dairy products, and it may be, too, in some measure, its comparatively low rate of mortality. Should we be so fortunate as to prevail upon our Legislature to create a State Board of Health, the condition of dairies and of the cars on which milk is transported over our railroads, should be one of their first objects of consideration.

Important as it is that our communities, especially the infantile portion of them, should be furnished with pure milk, this question dwindles into insignificance, when compared with that of a pure water supply. And in this connection, I desire to correct what I believe to be a very prevalent misconception, on the part of persons living in the country, physicians as well as laymen. They appear to consider clearness of water a proof of purity, and point with pride to the sparkling fluid which graces their tables, in contrast with the turbid beverage which those who depend on rivers are often compelled to drink. Now, although, as a mere matter of taste, we would all undoubtedly prefer to take our water "straight," yet the admixture of a little mud does not necessarily make it unwholesome, while, on the other hand, there is such a thing as a water that is too clear. The presence of carbonic acid adds to the refractive power of this liquid, and gives it a wonderful beauty and sparkle, most seductive to the eye, and yet it may be the result of the

decomposition of animal matter, and only an index of a lurking poison.

At a meeting of the Philadelphia County Medical Society, last winter, the question was asked, why is it that typhus fever is usually so fatal in the country and so tractable in the city? No one questioned the fact I had no hesitation in attributing the difference to the greater impurity of much of the water that is drank in the country. The sole consideration of the farmer in sinking his well is, as a rule, convenience. He does not pause to consider the position of his cess-pool, dung piles and house drains, the lay of the land, the dip of the geological strata, and then place it where he feels certain that no contamination from any of these sources can reach it, and the consequence of this disregard of a reasonable precaution is, that in more instances than any one imagines, such contamination does gradually find its way into it, and deadly disease is the result. People in the country, therefore, while the majority of them are blessed with a purer water than any one in such a city as Philadelphia can obtain, do yet not infrequently use a vastly more impure water than any one in Philadelphia is obliged to drink. During the past year two serious epidemics of typhoid fever have been traced directly to impure water in Great Britain, one at Lewes, on the northern coast, the other at over-Darwen, a town in the Lancashire uplands. In both of these cases it was shown that the water probably contained the excreta of typhoid patients. In a most instructive case, however, which recently occurred in this country, no such connection could be traced. I allude to the epidemic which prevailed, during the past winter, in St. Mary's Hall, a girl's school at Burlington, N. J. This case was carefully investigated by Dr. Le Conte, late Medical Inspector, U. S. A.. and its origin in the drinking water developed beyond all manner of doubt. Coupling the facts of these interesting cases with the gross carelessness already referred to as existing in the country in regard to the relative position of cess-pools and wells, is it strange that typhoid should be emphatically a disease of the country and of small towns, and should often assume there its deadliest type? Such being the facts with regard to one ascertained mode of propagation of this most serious affection, what is the duty of the physician when called to a case of it? Is it simply to devote his energies to the treatment of the patient? I assert, unhesitatingly, that however assiduous and faithful his attentions, however great his skill, and however successful the result, should he confine his efforts to this alone, he is morally guilty of manslaughter, should the disease become fatally epidemic. His first duty should be, just so soon as he has a suspicion, even, of the probable nature of the disease, before leaving the house, to set on foot investigations as to its origin. And these investigations he should pursue untiringly, calling in the aid of experts, if himself unsuccessful, compelling the members of the family to aid in the search, on the pain of losing his services, giving himself or them no rest until he has satisfied himself of either the absence or presence of a local source of pestilence, and, if the latter, has devised and instituted measures for its removal. Nothing short of this will relieve him of his responsibility, in the eyes of the hygienist.

## WEST VIRGINIA STATE MEDICAL SOCIETY.

The Medical Society of the State of West Virginia convened at Point Pleasant, June 2d, 1875, and was called to order by Dr. M. Campbell, President.

Drs. C. R. Reed, T. Curtis Smith, and a number of other physicians from Ohio who were present, were, on motion of Dr. R. W. Hazlett, of Wheeling, invited to seats, and also to join in the discussions.

Dr. M. F. Hullihen read a paper embracing cases of vesico-vaginal fistula, a remarkable case of ruptured uterus, encephaloid abdominal tumor, etc., together with a full history of the last illness and treatment of General James S. Wheat, prepared by Dr. John Frissell, of Wheeling.

The same speaker gave a report of a successful plastic operation which he had performed, for making a new under lip, which, together with a portion of the under jaw, had been carried away by a musket ball.

On motion of Dr. A. L. Knight, the courtesy was extended to Dr. C. R. Reed, of Middleport, Ohio, of permitting him to read a paper which he had prepared, on the Use of Forceps in Midwifery, in answer to Dr. Sullivan, of Cincinnati.

Dr. Wesley H. Sharp, of Volcano, presented a paper on the use of Forceps in Midwifery, which was read by Dr. Jepson, in answer to the paper of Dr. Frissell, read at Morgantown, at the last meeting, on the same subject. Referred for publication.

Dr. Robert W. Hazlett, of Wheeling, read a paper reporting a case of dermoid abdominal tumor; similarly referred.

Dr. J. C. Hupp, read a paper reporting a remarkable case of multilocular abdominal tumor, malignant in character, occurring in his own practice, which was similarly referred.

Dr. J. O. Wall, of Huntington, gave a verbal report of a case of abdominal dropsy, from which he has at different times drawn off in the aggregate eighty-four gallons of water. The request was extended, to prepare his experience in the case for publication.

Dr. S. L. Jepson, of Wheeling, offered resolutions looking toward the suppression of quackery within the State; also on the appointment of a Committee on State Medicine and Public Hygiene. Adopted.

*Officers Elected*—President, Dr. A. R. Barbee, Point Pleasant. First Vice President, Dr. J. O. Wall, Huntington. Second Vice President, Dr. S. G. Shaw, Point Pleasant. Third Vice President, Dr. B. F. Hoyt, Ravenswood.

Secretary, Dr. W. M. Dent, Newburg. Treasurer, Dr. J. C. Hupp, Wheeling.

*Censors*—Drs. Hildreth, Charter, Carpenter, Pipes, Hall, L. F. Campbell and Bond.

The next place of meeting is Wheeling. Time, first Wednesday of June, 1876, 2 o'clock, P.M.

## IOWA STATE MEDICAL SOCIETY.

The twenty-third Annual Meeting of the Iowa State Medical Society convened at Des Moines, May 26, with an unusually large attendance of permanent members and delegates from County societies. A large delegation was also present from the Illinois State Medical Society.

Many valuable reports were presented by committees appointed for that purpose, and were discussed by the Society.

The financial condition of the Society is such as to enable the publishing committee to present a copy of Transactions this year.

Prof. W. T. Peck, of Davenport, was elected President, and S. B. Thrall, of Ottumwa, Secretary.

Pending the session:—

Dr. Lewis, of Albia, offered a resolution requesting the appointment of a committee to prepare a bill for the creation of a State Board of Health in Iowa. The resolution was referred to the Committee on Legislative enactments.

Dr. Robertson, of Muscatine, presented an interesting report on "Sporadic Cholera," which elicited an animated discussion.

Dr. Cowden, of Bellview, presented a thesis on "Puerperal Fever."

Dr. A. C. Simonton, of Mitchellville, presented a report on "Alcohol in Typhoid Fever." The essay took vigorous ground against such use, and presented the argument with spirit and force; this elicited the liveliest discussion of the session.

A communication from the Centennial Managers was presented, and Dr. McCullough offered a resolution directing the appointment of a committee to prepare and present to the Centennial meeting a history of the science of Medicine in Iowa.

Dr. Blanchard offered a resolution requesting the Medical Schools of the State to adopt a preparatory course of study for their students, equal to the requisites for admission to the State University; and also making the same request of physicians taking students to prepare for the practice of medicine.

Dr. Hinrichs, of Iowa City, offered a resolution reaffirming the action of the Society last year in reference to the establishment of an asylum or school for idiotic children. Adopted.

The subject, "Women as Physicians," reported upon by Dr. W. Watson, of Dubuque, elicited considerable discussion pro and con. Dr. Watson says that one failure, nor a series of failures, do not denote entire want of ability; neither does one success, nor a series of successes, denote the absolute possession of it. Education includes all things necessary to make a perfectly developed person. The removal of all force from one centre to another is dangerous. Every organ and function is necessary, and when fully developed contribute grace and power. In order to make perfect women there must be less labor for girls when growing. Physiological obstacles exist against the education of the sexes in the same channels. Marriage is not optional, but a necessity with every woman. Celibacy is requisite for even a moderate degree of success. The activity and intensity of emotion possessed by women, while an attractive feature to their character, are obstacles to their success. They must meet men on the same field, and ask no favors.

Dr. Warne could not agree with the writer, and thought woman as capable of great physical labor as man.

Dr. Caldwell said young ladies in schools were equal, if they do not excel, their brothers; at the same age they have more attainments.

Dr. Cooper said in his school days those young ladies who took proper care of themselves were equal to the young men, and could not be surpassed by them; the difficulty is that they do not practice the laws of health.

Dr. Peak said, in his opinion, woman did not lack the education, but she could not perform domestic and social duties and practice medicine.

## NEW JERSEY STATE MEDICAL ASSOCIATION.

The New Jersey State Medical Association met at Atlantic City May 25th. There were present about 250 members of the Association, and among them were many prominent physicians from New York and Philadelphia. Ex-Gov. Newell, and other well known gentlemen, were among the number. After the business meeting was over the members partook of an entertainment. Dr. G. H. Larison occupied the chair, and made appropriate remarks, and also Drs. Cullen and Snowden, of Camden. The following are the names of the officers of the Association:

President—G. H. Larison.

Vice Presidents—First, Wm. O'Gorman, of Newark. Second, John V. Schenk, of Camden. Third, G. R. Baldwin, of New Jersey.

Corresponding Secretary—Wm. Elmer, Jr., of Trenton.

Recording Secretary—Wm. Pierson, Jr., of Orange.

Treasurer—W. W. L. Phillips, of Trenton.

Standing Committee—Stephen Wicks, of Orange; S. C. Thornton, of Moorestown; Thos. Ryerson, of Newton.

A complete report of the proceedings and papers presented was promised us by one of the officers, but did not reach us.

# Editorial Department.

## Periscope.

### Treatment of Webbed Fingers.

A case of this, treated by the elastic ligature, is given by Prof. Dittell, as translated in the London *Medical Times and Gazette*:—

The deformity was symmetrical on the two sides, and consisted in a complete union between the third and fourth digits, which were exactly equal in length. On the dorsal aspect the skin passed from one to the other without showing the trace of an intervening furrow, while the joints looked as if they were common to the two fingers. The nails were much curved on the outer sides, but at the contiguous parts they were smoothed off one against the other, so that the interval between them would admit, at most, a stout sheet of paper. On the palmar aspect the fingers had only one tip, without any appearance of division, and the folds opposite the joints were common to the two; but a shallow pink line passed from the base of the last phalanges to the natural position of the commissure, indicating the place where separation ought to have occurred. The joints were freely movable, and there was in addition a slight lateral mobility in the neighborhood of the middle articulations, but the terminal phalanges were united together by a broad piece of bone, which passed from base to base. The hands were altogether diminutive, and between the two there was only this difference, that in the right the nails were less closely pressed together, and the common terminal phalanx was somewhat broader than in the left.

He determined to make an attempt with the elastic ligature, of the efficiency of which he had already convinced himself. The first india-rubber thread was entered just above the last phalanx, and was tied over the tip of the united fingers, care being taken that it occupied an exactly intermediate position between them. At first no inflammatory disturbance resulted, but after a few days slight suppuration set in, accompanied by a little feverishness; and after eight days the phalanges, bones and all, were completely separated from one another, the resulting wound being only half the width of that which would have followed a cutting operation. During the process the ligature required tightening by placing a small roll of plaster under it, over the tips of the fingers. The remainder of the web was divided by one ligature, which, however, required frequent tightening. It was completed in five days, but during this period there was considerable inflammation of the parts, with a good deal of fever, and a small abscess formed on the fourth finger, which required opening. Afterwards the two fingers were separated, and fixed with plaster on a pasteboard splint, and cicatrization went on rapidly, while, to prevent the reformation of the web at the junction of the two fingers an elastic thread was attached to a band placed around the wrist and gently stretched between them. After a few weeks the fingers, though still somewhat deformed, had so far regained their natural appearance that the minute scars on the contiguous sides required a careful search for their discovery; but though the cleft was in its normal position on the palmar aspect, on the dorsal surface it was placed rather too far forward.

The operation on the right hand was almost an exact repetition of that described, but here no inflammation of importance was set up, which may be attributed partly to the fact that each pair of phalanges were divided separately in consecutive operations, and also that salicylic instead of carbolic acid was used as a dressing. By March of this year the fingers of this hand also might be described as completely normal, both in appearance and as regards their usefulness.

### Treatment of Primary Diseases of the Heart.

Before the Harveian Society of London, lately, Dr. J. M. Fothergill read some notes of cases of these diseases. The line of treatment pursued in the cases was rest, at first, and the steady administration of digitalis and iron. The administration of digitalis might be continued for years uninterruptedly, without the production of these toxic symptoms which were supposed by older writers to indicate some cumulative action in this drug. As well as acting directly upon the heart in advanced cases with dropsical effusion. Dr. Fothergill spoke strongly in favor of the use of cathartics, to relieve the venous congestion. He gave a case where two scruples of compound jalap powder were given every alternate morning, till eight doses had been taken, with excellent effects. The depressing effect of free purgation is more than compensated by the relief afforded in these cases. Digitalis and iron were also given, and the catharsis was only supplementary to the direct treatment of the heart itself. To illustrate what might be attained by such direct treatment of the heart, Dr. Fothergill adduced a case of mitral regurgitation in a young man, in whom a murmur could no longer be heard, and the subjective symptoms of disease of the heart had also vanished. Here the vela of the mitral valve were injured, and when the left ventricle was dilated, the injured valves were no longer equal to closing the ostium on the ventricular systole. The reduction of the ventricle to its normal size had resulted in the valves being once more competent; and as long as the ventricle can be maintained in a normal and undi-

lated condition, the equivalent of a cure is attained. In mitral disease the use of digitalis is almost universally admitted, but there is less agreement as to its use in aortic disease. In Dr. Fothergill's opinion, its utility in aortic stenosis was obvious. In aortic regurgitation in the early stages, it was contra-indicated, and an agent of precisely opposite qualities, one that would lessen the force of the ventricular contraction, and at the same time increase the number of beats—should be adopted, if we possessed such an agent. In the latter stages, however, when the muscular walls were failing, and death threatened from cardiac syncope, then digitalis was useful as a palliative agent. Valvular disease of the right side of the heart, and especially tricuspid disease, was little amenable to treatment, because no muscular hypertrophy could be brought to bear on it. Dr. Fothergill summed up the treatment of primary diseases of the heart as follows:—1. It is of the utmost moment in these cases to reduce the demand upon the heart to a minimum. 2. Much relief may be afforded where dropsy is present, by unloading the congested venous system; and for this end cathartics are very serviceable. 3. The heart must be acted upon directly, by means of agents which increase the vigor of the ventricular contractions, of which digitalis is the chief. 4. To improve the general condition by the use of chalybeates and suitable food is also very desirable. Digitalis and iron may be continued for years, not only without any evil consequences, but with much advantage in many cases.

### On Sounding for Stone.

The subjoined hints are given by Dr. Croly, in the *Irish Hospital Gazette.*

In sounding for stone there are several deceptions. If you introduce the instrument too far you may hit against the tuberosity of the ischium or the sacrum, and then you may say "here is a stone in the bladder." but at the opposite side you will hear the same sound. In sounding there is one manœuvre very useful, namely, on withdrawing the instrument trying to catch the stone in the concavity.

An affection has been described by Guthrie (called "fluttering blows"), in which the bladder is thrown into a number of pouches, and its coats are somewhat thickened and contract on the instrument, so that a sound is heard which may be mistaken for that produced by a stone. If you have a difficulty in striking the stone, you should try the patient in various positions The stone may be up behind the pubes In one of the children on whom I operated here, the stone slipped up behind the pubes, and I only could get it out by giving him a slap over the region of the bladder, and then the stone fell down. In such a case, by introducing the finger into the rectum you may tilt up the stone and cause it to hit against the sound. But I believe, that in addition to sounding for the stone, it is very necessary to grasp the stone, if possible, by the lithotrite, and measure it, to give you an idea of the size of the stone. If you can move it in various directions, you may have no hesitation in saying "here is a foreign body measuring so many lines;" and furthermore, if there is a second stone, you are able to hit it against the other. I remember when sounding a man, on one occasion, having a ring on my finger, the instrument hit against the ring and emitted a sound; I did not hear it again. At another time, in sounding a man who wore a pair of corduroy breeches with buttons, I heard a click, but discovered that striking a button with the instrument had caused it. I have made it a habit since to make a man let down his trowsers altogether, and I take off my ring. If the surgeon is too confident he might cut a man who had no stone. The first point to ascertain is, whether there is stone in the bladder or not, and if it exists, to satisfy yourself, as far as you can, as to its size.

### The Nature of Enchondroma.

Dr. R. McDownell, in a clinical lecture, published in the *Irish Hospital Gazette*, says:—

One of the things that makes this subject perplexing to students, is the immense number of names that have been given, so that you hardly know where to look for an account of it All these different names are given:—Cartilaginous tumor, enchondroma, chondroid tumor, spina ventosa, osteo-sarcoma, osteo-steatoma, and cartilaginous exostosis.

The disease is one which does not make very rapid progress. It has been growing in this girl ten years, and in all probability is, in fact, a congenital complaint. Most likely there were some small nodules or masses, not bigger than a mustard seed or millet seed, remaining from the time the fœtal cartilage of bone was undergoing development into true bone, and that this, instead of passing into true bone, became really the little spots which were ultimately to take on an abnormal development into cartilage. I am confirmed as to this opinion by finding small nodules in several parts; for instance, I find this piece filled with cartilage cells mixed with bone cells; and looking through it you can see that there are two pieces of the structure unlike the rest, which are filled with cartilage cells. It is then extremely likely that from a very early period, if not from the period of fœtal growth, there were spots there which have been developed into this cartilage. It is a disease of slow growth, a complaint which is usually painless; it causes inconvenience only by its unsightliness, and by its rendering the fingers and hands perfectly useless. It has no tendency whatever, ordinarily speaking, to effect the lymphatic glands. It does not, therefore, belong to the category of malignant disease which affects the lymphatic glands. When left to itself it may attain an enormous size; sometimes the size of a cocoa nut or child's head. At last it sometimes breaks, and the inside of the tumor softens down, and under-

goes a kind of disintegration. A specimen here of another case of enchondroma exhibits a large cavity where it had softened and broken down. Another remarkable feature connected with this disease is, that the tumors are translucent: when you look through one, even with the blood circulating, during life, it is translucent

### A Case of Lead Poisoning.

At the Clinical Society of London, lately, Dr. Downes read notes of an unusual case of lead-poisoning. The patient, a house-painter, twenty-six years of age, had frequently suffered from colic, but beyond that had robust health. About a month before he was seized with colic, followed by palsy of the forearm extensors, and of the lower extremities, and when first seen he had the characters of general paralysis of the insane. His eyes were dull, intellect obscure, and he could not lift the feet from the ground. There was albuminuria, and a marked blue line on the gums. The next day he was drowsy; there was subsultus tendinum; temperature 102° to 103°; pulse 100. Then followed bilateral facial spasms, trismus, frequent spasmodic jerkings of the upper limbs, the flexors of which were firm and rigid, while the lower limbs were rigidly extended. There was free action of the skin and suppression of urine. The tetanic convulsions continued at intervals, he became cyanosed, and rapidly sank, the temperature rising in the last twelve hours of life from 106° to 110°, the urine being wholly suppressed. At the autopsy, the sinuses of the dura mater were full of blood, and an adherent ante-mortem clot occupied the straight sinus. There was a recent clot on the pia mater, over the occipital lobes; much engorgement of cerebral vessels, and extravasation beneath the velum interpositum. A small cavity occurred in the neighborhood of the left corpus striatum. The kidneys were engorged, but smooth on surface. The brain and cord were examined microscopically by Mr. Kesteven, and showed extreme congestion, with well marked perivascular spaces. Colloid bodies, gray degeneration, and miliary sclerosis, were met with in increasing frequency from below upward, being especially abundant in the medulla, in the region of the hypoglossal nucleus. Chemical analysis showed about $\frac{1}{200}$ of a grain of lead to one ounce of brain substance; a somewhat smaller proportion in the cord. Lead was also found in the extensor muscles of the forearm.

### The Use of Phosphorus.

Mr. Thompson, as given in the London *Medical Record*, concludes, from a number of experiments and observations:—

1. That solutions of phosphorus in virgin vegetable oils are not safe, and should, therefore, be entirely rejected.

2. That the solid form is not a perfectly safe mode of administering phosphorus; it may, however, be employed, but should never be presented to the empty stomach.

3. That the administration of zinc phosphide should be attended by the use of an acid at the same time.

The dose of phosphorus seems to vary considerably with the formula employed. The toxic effects of the drug, such as burning pain in the epigastrium, hepatic pain, tenderness of the gums, nervous symptoms, etc., are all fully described, and should be carefully noticed before attempting to prescribe phosphorus. A large experience of the action of the drug in many and various conditions has enabled the author to point out exactly the earliest symptoms necessitating its discontinuance. "Apart from any specific power which it may possess, phosphorus may subserve two distinct ends, at least, according to the manner in which it is administered. It may stimulate, and it may nourish." This seems to be an entirely original observation, and one for which he distinctly claims priority.

In cases of typhus, where there is muttering delirium or incipient coma, the stimulating effects of phosphorus, when given in sufficiently large doses, are very marked. Mr. Thompson asserts that it should be given in such cases, not by rule, but until the patient either recovers or dies, persons in want of phosphorus being able to take far more with impunity, than those not in want of it.

Of the therapeutic uses of phosphorus, the author gives us not merely opinions, but has illustrated his remarks by a series of carefully recorded cases that will well repay perusal. He alleges that he has established, by a series of forty-one consecutive cases, what has been known of isolated cases since the time of Lobel, 1805, viz., that phosphorus is curative of some forms of neuralgia (briefly, the ataxic and catarrhal acute). It is in these distressing and troublesome cases, where frequently other remedies have failed, that phosphorus seems to exert such a marked influence, and no one will now be justified in condemning a case as incurable until he has studied this monograph and tried the remedy in the manner suggested.

## NOTES ON CURRENT MEDICAL LITERATURE.

——We would call the attention of our readers to the fact that William D. Allen, 121 south Seventh street, Philadelphia (Bookseller), will sell a complete set, ten large volumes, *Chambers' Encyclopedia*, the very latest and best edition, fully revised to 1875, containing 4000 illustrations, full-page engravings and colored maps, bound in the very best English cloth, for $27. The regular price is $50. He warrants the same perfect in all respects. Orders should be sent direct to him at once to secure a set of this great standard work at this extraordinary low price.

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## RECENT NOTES ON CLIMATES FOR CONSUMPTIVES.

As at present the practical treatment of phthisis has simmered down to cod-liver oil, and change of climate (whatever other palliatives, placebos, and experimental medication are thrown in), the reports of visitors to the various health resorts of repute in the disease merit careful reading.

Dr. Scrivener, in a recent note to the *Medical Times and Gazette*, of London, again calls attention to the excellent climate of the Bolivian Andes. In 1869, when he first published his observations, the Reporter gave a full abstract of them. He now writes:

"I have traversed those mountains on many occasions, and am, therefore, able to form an opinion on the salubrity of the climate; as also of that on the route from the province of Cordova to the borders of the Pacific. All over that vast tract of land, that fatal enemy of mankind—the tubercular phthisis—so justly feared by the inhabitants of Lima, and Buenos Ayres, is entirely unknown.

During a residence of nearly ten years in different and widely spread districts of the whole country, I never saw, or heard, either directly or indirectly, in my intercourse with others, of the existence of the disease. In the mountains of Cordova, as on the Andine heights of Bolivia, the patient will find his disease alleviated, and in time removed—let him come from what quarter of the globe he may—by the hand of Nature. There pulmonary complaints are not known to originate; and there those who suffer from them on the borders of Parana and the River Platte, seek and find a permanent cure for their ailments, proceeding from all affections of the lungs. This fact has been known and acted upon from time immemorial, by the inhabitants and physicians of Lima, and those on the coast of the Pacific."

This is a most encouraging statement, and it is to be hoped that conveniences of access, and comfortable hotels will, ere long, be established to such a desirable climate. The great drawback now is, the lack of these; although many much frequented resorts are also very far short of what they should be in this respect.

An English physician sent a patient, this past winter, to Davos-am-Platz, the celebrated sanitarium in the Tyrol. The patient's friend, who accompanied him, writes:

"If a visitor wishes a good room, he must write for it in the preceding spring; otherwise he is certain to be placed in some hole or other with a northerly aspect. I have seen invalids come up in November obliged to live in places where you would not like to see a servant put up." "It has been a miserable winter at Davos, very little sunshine and much south wind—a regular 'fever wind,' and the great enemy of Davos invalids." After describing the good effects received from the place in the early part of his winter stay, he goes on to speak of the continued bad weather, confinement to the house, and, above all, bad food, as bringing on indigestion and a feverish attack; and he speaks of fever and sore throat as having been rife at Davos, owing to the south wind. He says, "the food is altogether unsuited for the English invalid; it is all very well for Germans and Englishmen with sound digestions, but the invalid requires something more nourishing and better cooked; therefore, the only thing persons with delicate stomachs can do, if they

want to go, is to take their own servants and hire apartments." He observes that "for invalids in the earliest stages, or threatened only with phthisis, Davos is evidently a splendid place for bracing, provided the food is good enough."

This is not a pleasant report of a locality so highly lauded by Niemeyer and the Germans generally.

At the recent meeting of provincial scientific delegates at the Sorbonne, M. De Pietra Santa stated the results of the inquiry which had been instituted by the Algerian Climatological Society, relative to the influence of the Algerian climate on phthisis. This climate is an excellent one for combating predispositions to the disease, whether hereditary or acquired, as also for arresting the progress of the disease during its first stage. But when the disease is more advanced, and organic disorganization is in progress, the climate becomes not only hurtful but fatal.

In the March number of the *Deutches Archiv fur Klinische Medicin* is an excellent description of the climate of Costa Rica, by Dr. Schwalbe, from which we should judge the Costa Rican plateau will become a favorite resort in time. All forms of diseases of the respiratory organs (omitting whooping cough) give only 2 per cent. of the mortality, while in Switzerland they give 18 per cent. and in the Atlantic States of our Union about 20 per cent. Out of 2689 deaths, the total mortality of Costa Rica in 1867, only 16 were from phthisis. This is so very favorable that we suggest to our readers to bring that country, which is comparatively easy of access, to the notice of their phthisical patients who are still well enough to travel with probable benefit.

## Notes and Comments.

### The Treatment of Fever.

In the Dublin *Medical Journal*, Dr. Jones states the following conclusions:—

1. That in the treatment of fever, typhus and other forms, too much reliance has been placed on *alcoholic* stimulants, and that fashion, rather than reason, has swayed many in their *indiscriminate* employment.

2. That the per centage of cases requiring such stimulants is a low one; and that while our administration of them, as regards quantity and kind, must depend entirely on the condition of the patient, still the utmost caution (with our present knowledge of their physiological action) is required.

3. That in digitalis we have a powerful cardiac stimulant, which, while it gives force to the heart, does not do so at the expense of the system, but rather is a conservative agent, which controls expenditure, and limits waste of vital action—always, of course, remembering that a large number of cases will recover, without any specific treatment, save that care and guidance which provides for the wants of the system, and secures the patient from the risks of complications. That digitalis appears to be indicated in the early periods of many cases of typhus in which we have a rapid pulse and high temperature range, regulating our administration by its effects on both, using it, rather, with the object of guiding the patient up to a certain point, than of curing the disease.

### Clergyman's Sore Throat.

This is a form of chronic catarrhal laryngitis, a most annoying complaint. Some advice as to its treatment has been given by Dr. Isambert of Paris.

The patient must repose, avoid all speech, and absolutely leave off tobacco, under all forms, or alcoholic fluids. Warm climates act admirably on this complaint. As to local treatment, emollient and astringent gargles have been recommended; but it must be noted that gargles never penetrate into the larynx; they may, however, render some service by modifying the inflammation of the neighboring parts, and thus facilitate the resolution of the laryngitis itself. The employment of pulverized liquids has sometimes serious inconveniences. All these pulverizers which have come into fashion and which the patient himself uses, are useless toys, and perhaps they are dangerous. When we wish to apply a topical remedy to the larynx, we must do so directly, and as much as possible on the point diseased. This cannot take place with pulverizers, which throw the liquid not only into the larynx, but over all the neighboring parts.

Direct local treatment, again, has very great

advantages, and it consists in bringing different topical remedies to the diseased parts by means of a sponge. We employ the nitrate of silver, the sulphate of copper, and the chloride of zinc. The nitrate of silver is the most used; and the solution of chloride of zinc, in the proportion of one-hundredth or one-fiftieth, gives excellent results. The chloride of zinc has no action except on ulcerated or eroded parts, and leaves quite intact those still covered by epithelium. This is a fact easily seen when the neck of the uterus is cauterized with that solution. This remedy has no color, and leaves no stain on the linen or fingers, or white eschars, like nitrate of silver.

### The Treatment of Diarrhœa.

In a paper in Virchow's *Archiv*, vol. lxi, Dr. Hartsen observes that diarrhœa of all sorts goes along with an irritable state of the intestinal canal, and any increase of this irritability is to be carefully avoided. He considers that the more usual astringents are, in addition, irritants; and he instances among them the salts of lead, zinc, and bismuth. In all cases, soothing means should first be adopted; and of these, warm applications to the abdomen, in the form of bread poultices, or fomentations, are perhaps the best. The chief medicine recommended is opium, which soothes, but, in large doses, interferes with digestion. If the diarrhœa be so violent as to hinder the absorption of opium introduced into the stomach, then morphia should be injected subcutaneously. Of equal importance is the diet. If the person be strong, everything, both solid and fluid, should be withheld; but, where this cannot be done, the food should be of the lightest and simplest. The author specially refers to rice and arrowroot as simple vegetable diets, while any animal food given should be free from fat. Milk should not be too much used, and in any case should be boiled.

### Smoking Rooms in Boarding Schools.

We have recently been surprised to learn that in two well patronized and highly praised boys' boarding schools, near this city, *smoking rooms* are kept for such of the boys as have permission from their parents to smoke! We are further informed that these were not singular in that respect, as many other schools also have them. The pupils are from nine to eighteen years of age. Surely, if parents are so grossly ignorant or criminally negligent of the laws of health, professed guides of youth ought to know better, and discourage by every possible means the use of tobacco in growing boys. It may be a question whether it is harmful to a man, but there is none whatever that it is seriously injurious to boys.

### The Value of Healthy Dwellings.

In a paper recently read before the Statistical Society of London, "On Improved Dwellings and their Beneficial Effect upon Health and Morals," it was stated that the average annual rate of mortality during the eight years ending 1874, in the improved dwellings erected by the Metropolitan Association for Improving the Dwellings of the Industrial Classes, did not exceed 14 per 1000, whereas the average rate in the whole of London during that period was 24 per 1000.

### Chill after Delivery.

The occurrence of a chill immediately after delivery is a familiar phenomenon. An explanation of it has been offered by Dr. Pfannkuch. According to him, the temperature of the fœtus in utero is at least 9° higher than that of the mother. It follows from this that every pregnant woman has a second centre of warmth in the uterus, but her temperature is not thereby increased; she must, therefore, produce less warmth than when not pregnant. When the child is born this heat-producing centre is removed, and there is a disproportion between the heat produced and that given off. The effort to restore the equilibrium is what causes the rigor. The intestines are very susceptible to heat and cold, and it is from their neighborhood that the heat-centre is removed. Moreover, the uterus having sunk downward, the intestines are allowed to touch the abdominal wall, which is also very much thinned, and thus more heat is lost. If a child dies during pregnancy, the mother is often subject to rigors, and complains of a feeling of coldness in the abdomen.

### New Diagnostic Implements.

The armamentarium of a physician threatens to become quite as extensive as that of a surgeon. Of late additions we read of the *pneumatograph*, used to describe graphically the process of respiration; of the *cyrtometer*, for delineating the contour of the thorax, pelvis, etc., and transferring their outline to paper; and the

*sphygmometer*, for measuring arterial tension. The instrument registers the pressure required to close the radial or other artery, and enables daily comparisons to be made. With the *pneumoscope* are produced artificially all the abnormal murmurs proceeding from the respiratory organs in a state of disease; with the *dynamoscope* may be determined the scale of all the sounds which are made at the digital extremities by the continuous movement of the tissues; while the *bioscope* registers with precision the heat, the electricity, and the functional activity of the skin.

### The Therapeutic Action of Ipecacuanha.

M. C. A. Polichronie has recently published a work on the above subject. The following are his conclusions:—1. Emetine is the true active principle of ipecacuanha. 2. In dysentery, as in diarrhœa, ipecacuanha, administered as an enema, produces the same effects as when it is given by the mouth. 3. Ipecacuanha, as an enema, is one of the best treatments which can be employed in infantile cholera. 4. In the diarrhœa and sweating of phthisis, enemata of ipecacuanha give the best results.

### Club-foot.

Mr. Chienne, in the Edinburgh *Medical Journal*, alludes to the methods generally in use for attaching the foot to the foot-piece of the boot—1. By lacing it into a boot attached to the foot-piece. 2. By fixing it to the foot-piece by a broad strap passing over the instep. As he has found both of these plans inefficient in aggravated cases of talipes equinus, he recommends a plan which is more efficient, and which is not noticed in any of the text-books on surgery, namely, to apply a broad strap of strong sticking-plaster on either side of the limb, from the knee to the ankle, with tapes attached, which are passed through slits at the sides of the heel-piece, and then tied, drawing the heel firmly down to the foot-piece. This is an adaptation to the treatment of club-foot of the method by which the extension apparatus is attached to the limb in the treatment of fractures.

### The Diagnosis of the "Lead-line."

In chronic lead-poisoning a blue line appears on the gums. But this may be simulated by other substances deposited there. Dr. Gras recommends that when we are in doubt whether a given blue-line on the gum be due to lead or not, we should excise a fragment of the gum containing the line, with a fine sharp scalpel or the point of a lancet, wash it with a camel's hair pencil, and add a drop of glycerine; if necessary, flatten it out with needles, and examine it under the microscope with a low power. If the line be due to lead, in the midst of the normal tissues of the gum we shall find capillaries injected, filled and obstructed by blackish granules. These capillaries are in loops, or semicircular, or like double hooks, the outlines varying somewhat according to the section. In very old lead-lines the capillary walls are less evident, and their outlines somewhat indistinct. If a piece of buccal mucous membrane be excised, we should use carmine with glycerine, and a little dilute acetic acid, which shows the mucous papillæ, and the capillary network. He suggests that in fatal lead-colic, the intestinal capillaries and the nerves of the solar plexus should be examined in the same way for lead. It has long since been proposed to examine the lead-line by a simple microscope, or in other words, a one or two inch biconvex lens; when, if in the capillaries, as the true lead-line is, it will be seen clearly to be dotted, and to follow the course of the vessels.

### Carriers of Contagion.

Of little noted carriers of contagion attention has recently been called to the laundry and the clothes basket. Books from circulating libraries can, no doubt, convey infection. And one instance came to our knowledge where small-pox was unquestionably communicated at a hundred and fifty miles distant by a letter. The recognition of such dangers is not idle.

### Oxygen as an Antidote for Phosphorus.

MM. Thiernesse and Casse have brought before the Royal Academy of Medicine of Brussels an important series of experiments tending to show that oxygen introduced into the veins will counteract the poisonous effects of phosphorus. M. Casse contrived a simple apparatus for injecting the gas into the veins in definite quantities. The minimum fatal dose of phosphorus is generally reckoned at one centigramme for each kilogramme of the animal's weight, but in some of their experiments they administered double this dose, and yet saved the animals.

### Egg Drink.

This palatable and agreeable drink was introduced by Dr. Halahan. It is made thus:—"Egg-drink, for relieving sickness of stomach. Beat up one egg very well, say for twenty minutes, then add fresh milk, one pint; water, one pint; sugar, to make it palatable; boil and let it cool; drink when cold. If it becomes curds and whey it is useless."

### Phosphorus in Impotence.

Mr. Thompson, of London, in an article on phosphorus, asserts that it is not an aphrodisiac, except in poisonous doses. Its true function is the removal of the hyper-sensibility, which is a general cause of the disorder, by elevating the nerve-tone.

## Correspondence

### Belladonna in Opium Poisoning.

Ed. Med. and Surg. Reporter:—

On the 6th of May, 1875, at six o'clock, A. M., I was called to see a child, aged three months, that was in an alarming state of narcotism, brought on by a mixture having been given, which had been put up and ordered to be given by a miserable quack, for marasmus with flatulency. The mixture consisted of about three-fourths laudanum, of which the dose ordered was thirty drops every two hours. The mother had given fifteen drops at eight o'clock on the previous evening, and twenty-five more three hours later, and the result was the following: I found the child comatose, with pupils very much contracted, extremities cold; breathing slow and irregular, with convulsions coming on at intervals of fifteen or twenty minutes; the tongue falling back over the glottis when the child was lying on the back; inability to swallow; every effort of which brought on a livid hue of the face, with convulsions, in fact, every moment death appeared imminent. On account of the great difficulty in swallowing, I did not attempt to give an emetic, nor did I think it would benefit the child, as the length of time (seven hours) from receiving the last dose of the mixture, till I was called, was sufficient for it to be completely absorbed into the circulation. I, therefore, used external remedies at first, such as the warm bath, cold douche, flagellation, the galvanic battery, but all to no purpose apparently, until, after working some time, I concluded to try belladonna by enema. I dissolved gr.j. of the extract in water, and gave one-half in a small quantity of warm water by the rectum. Almost immediately, the convulsions ceased, and in less than half an hour the pupils began to dilate, and a peculiar erythematous eruption, characteristic of the effects of belladonna, made its appearance on the face, breast, and upper extremities. About two hours after, the child had a fecal evacuation, roused up and cried lustily, took the breast freely, and made a good recovery.

A. M. Miller, M. D.

*Bird in Hand, Lancaster Co., Pa.*

### Treatment of Gonorrhœa.

Ed. Med. and Surg. Reporter:—

The following treatment of gonorrhœa is founded on the assumed parasitic origin of the disease, and in this case also the assumed paraciticid properties of the remedy. It has been uniformly successful in my practice, as also, I believe, in that of Dr. H. A. Davis, of the neighboring town of Harrisburg, from whom my knowledge of it was obtained.

The treatment consists in the application of the mild chloride of mercury to the diseased mucous membrane. I prescribe the following:—

℞ Hydrarg. chlor. mit., ℥j.
Mucil. acaciæ,
Aquæ puræ., āā. ℥ij. M.

Sig.—Shake well and inject a syringeful two or three times daily, being careful to secure a thorough application of the medicine by gently but firmly rubbing the inferior aspect of the penis from before backward, before allowing the mixture to escape from the urethra.

In uncomplicated cases of this disease any additional treatment will, I believe, seldom be required.

The application of this remedy produces little, if any, pain, no inflammation, and if judiciously used, as to time, will rarely fail to effect a speedy and permanent cure.

I hope other physicians will accord the remedy a fair trial, and give their experience to the profession through the Reporter.

N. L. Lee, M. D.

*Junction City, Or., June 12th*, 1875.

## News and Miscellany.

### The Canada Anatomical Act.

The Canadian act for providing bodies for dissection enacts that the bodies of all persons found publicly exposed, or who immediately before death had been supported in and by any public institution receiving aid from the Provincial Government, shall be delivered to persons qualified to act as teachers of anatomy, unless claimed by *bona-fide* friends or relatives within the usual period for interment, or unless the person before dying objects. The Toronto and Kingston schools of medicine are, as a rule, sufficiently supplied from the different public institutions there. A difficulty at Montreal is owing to the large proportion of the Roman Catholic element in the population and the strong objection that both laity and clergy have to bodies being used for this purpose. As most

of the public institutions in the Province of Quebec are under Catholic control, the managers naturally use all their influence to prevent the bodies of persons dying in them being used for anatomical purposes, and hence arises the scarcity of subjects in the Montreal medical schools, which have to look elsewhere for the needful supply, and to purchase whatever bodies they can, without being too curious as to how they are obtained. (Med. & Surg. Reporter)

### The Allegany County Medical Society, of New York,

Held its Anniversary Meeting at Wellsville, June 16th. The following officers were elected: For President, Dr. H. P. Saunders, of Alfred Centre; Vice President, Dr. J. H. Saunders, of Belfast; Secretary and Treasurer, Dr. F. J. Baker, of Andover; Censors, Dr. A. E. Willard (chairman), Cuba; Dr. R. Y. Charles, Rushford; Dr. H. H. Nye, Wellsville; Dr. J. L. Cutler, Bolivar; Dr. W. W. Crandall, Andover.

This society holds its meetings quarterly, and they are usually well attended. It is expected to have two papers, and two reports of cases at each meeting.

### The International Medical Congress.

As we have before stated, this Congress will take place at Brussels, September 19, next. It will be exclusively scientific, and will last one month. Members of the medical profession, both national and foreign, will be admitted, on sending their request to the Committee. None but these will be allowed to take share in the discussions. No fee is demanded; but a sum of fifteen francs must be paid, for which a copy of the Transactions of the Congress will be given. The programme consists of eight Sections—Medicine, Surgery, Midwifery, Biology, Hygiene, Ophthalmology, Otology, and Pharmacology. Each section comprises one or more questions, with the appointment of a reporter. These questions we have already laid before our readers.

### The Yellow Fever.

A private letter from Rio Janeiro, dated May 23, reports that the yellow fever was raging there, the deaths ranging from 15 to 20 per day. During the first half of March, 192 deaths from the disease were reported. It was at Rio that the disease was contracted by the men of the U. S. steamers Lancaster and Brooklyn. On the Lancaster, Drs. Denbigh and Fassig and Lieutenant Bolles died, but no new cases occurred after they reached Bahia. She will probably arrive at Norfolk, Va., about the middle of July. The Brooklyn lost two sailors in April by the fever.

—One case of yellow fever was reported at the Philadelphia Lazaretto in June.

### The English Contagious Diseases Act.

We are rejoiced to note that the British House of Commons, on June 23, at the close of an animated debate, rejected the bill to repeal the contagious diseases act, by a vote of 308 to 126. The Government opposed the bill on the ground that the act it sought to repeal afforded great protection to the army and navy.

Once more science and philanthropy has overcome bigotry and intolerance.

### Items.

—Small-pox is very rife and malignant in some parts of Ireland.

—The California Chinese cure toothache by applying a coal of fire to the foot.

—The cholera is extending in India.

—Yellow fever is reported at Key West.

### Personal.

—The Emperor of Brazil has sent to Professor Virchow, of Berlin, a very interesting collection of skeletons and skulls, including some found in old caverns in Brazil.

—The decease is mentioned of Professor Andrew Inglis, of Aberdeen, in the thirty-eighth year of his age.

—Dr. B. W. Richardson, F. R. S., has been elected President of the Health Department of the Social Science Congress, to be held at Brighton, England, in October.

—Dr. Robert E. Peterson, lately of this city, has been elected "Fellow of the Linnean Society of London."

—Dr. Barton, of Baltimore, died suddenly of sunstroke, the last week in June.

## MARRIAGES.

CAMPBELL—CRIMM.—On February 22d, by the Rev. J. K. McKallip, of Uhrichsville, Ohio, James Campbell, M. D., and Miss Maggie, daughter of A. Crimm, of Dennison, Ohio.

CHASE—McELWAIN.—By Rev. A. McElwain, on the 15th instant, in Hestonville Presbyterian Church, Abner F. Chase, M. D., and Miss Anna M., daughter of the officiating clergyman, all of Philadelphia.

GIBERSON—THOMAS.—On the 29th of April, by the Rev. A. A. Willitts, D.D., Dr. Nelson S. Giberson and Rebecca B. Thomas.

HUNTER—HENRY.—On Wednesday, June 16th, 1875, by the Rev. Richard Newton, D.D., Samuel W. Hunter, M. D., and Sarah Jane, only daughter of the late William Henry, M. D.

HEDGES—FRONEFIELD.—On the 17th ult., by the Rev. James Y. Mitchell, Mr. Levi Hedges, Jr., of Long Island, N. Y., and Kate M., daughter of the late Charles Fronefield, M.D., of this city.

VAN BUSKIRK—BROWN.—On the 17th instant, by Rev. R. Baum, Dr. D. Van Buskirk and Miss Josephine F. Brown.

## DEATHS.

MANSFIELD.—On the 21st ult., in this city, Richard S. Mansfield, M.D., aged 54 years.

ROHRER.—On the 15th instant, Dr. Benjamin Rohrer, aged 50 years.

THE

# MEDICAL AND SURGICAL REPORTER.

No. 958.] PHILADELPHIA, JULY 10, 1875. [Vol. XXXIII.—No. 2

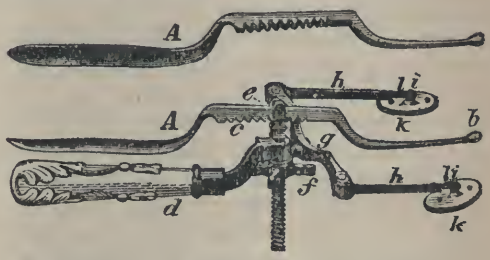
## Original Department.

### Communications.

### THE TREATMENT OF STRANGULATED HERNIA, WITHOUT HERNIOTOMY, BY THE USE OF THE DILATOR.

BY H. R. ALLEN, M. D.,
Of San Francisco, California.

The treatment of strangulated hernia has ever been a subject of great solicitude to the physician and patient. And the fatality attending herniotomy is so great, that any safe and reliable method of relieving the patient without the operation, cannot but be received with due appreciation. It is to this end that I wish to present the following described instrument and its use. I do not claim to have tested it under every conceivable condition. My claim for its merit is not based upon mere theory, but upon the results of practical experience. Some years ago, while in consultation with other physicians, and in my own practice, I succeeded in reducing a few cases of severe strangulation which seemed urgently to demand herniotomy as the only hope of relief, by introducing the index finger forcibly into the ring, and distending it by lifting or pulling up on the stricture. I found it easily lacerated in some cases, and the tension was at once relieved. But other cases proved more firm and unyielding, and I feared that the necessary pressure to insert the finger might be injurious; although the tissues of the hernia rested upon a smooth posterior wall, and the finger substituted a distributed pressure instead of the sharp cutting edge of the stricture, I felt that some instrument might be devised which would enable me to accomplish the same results, without any of the apprehended dangers. After the trial of many devices, I found the one here described to answer the purpose admirably.




It consists of a strong flat bar of steel, *A*, with teeth, *c*, cut upon the under side, and having a flat handle at one end, and a globe-pointed probe, *b*, at the other, constituting the male blade of the forceps or dilator. *d* is the handle of the lower or female part of the instrument; through the shank of this handle the screw passes; on the top of this screw is a slot, *e*, in which the lever or blade, *A*, rests when in use. *f* is a nut, so attached to the shank that the screw in which the fulcrum *e* is made, can be run up or down. The handle *d* is fastened to the cross bar *g* by a pivot, upon which *g* may revolve; *g* is bent in the centre so that by turning the bowed side up or down, the height of the fulcrum or slot, *e*, may be high or low, as indicated by the size or amount of fat of the patient. To the ends, and by vertical hinges of cross bar *g*, are attached the arms *hh*. The object of these hinges is to allow a free horizontal motion of the arms, so the instrument may be used on either side of the patient, and the handle kept in line with the canal, and the pads made to rest on any distant points. The arms, *hh*, are hollow, and the

rods, *ll*, sliding into them; with this telescopic arrangement either arm may be made long or short at pleasure. The rods, *ll*, are pivoted in the balls, *ii*, so they revolve on the rods. These balls have sockets in the pads, *kk*. This combination of joints, slides, crooks and self-adjusting pads allows perfect adjustment of the instrument in any case.

To use the instrument, the patient is placed upon his back, the scrotum invaginated with the finger, which is carried up to the ring. The finger guides the blunt probe into the stricture, as it would a uterine sound into the uterus.

Very little difficulty is experienced, as the head of the probe is easily passed beneath the stricture, and is felt to catch under it. Holding it carefully in this position, the female portion of the forceps or dilator is adjusted by placing one of the pads on the pubis, the other about the inferior spinous process of the ilium. Now raising up the handle until the fulcrum or slot, *e*, is made to straddle the lever *A*, when a sharp edge in *e* engages in the teeth, *c*, of *A*, and prevents any slipping. The handles are now forced together, when the stricture will be felt to give way, and as the fibres are lacerated, the instrument communicates the fact to the hand as distinctly as the sound does a rough stone in the bladder. Should the closing of the handles not suffice, the nut, *f*, is turned, raising the fulcrum, *e*, to any desired height, and keeping the pressure steady, firm, and perfectly under the control of the operator. The operation produces but little pain, except the pinching of the scrotum, yet chloroform, in nervous cases, may be needed. The sharp cutting edge of the thin aponeurotic structures forming the resisting portion of the stricture are thus lacerated, so as to completely relieve the strangulation. And it is accomplished with as little disturbance or danger as was the laceration which allowed the hernia first to be formed.

By this operation, I believe that nearly every case may be quickly relieved, if treated in time, not allowing inflammation or gangrene to occur. More especially is it demanded in the young, in acute cases, where delays are hazardous. The laceration is intended to be very slight, and in scarcely any case do we aim or expect to be able to immediately return the hernia. All we desire or anticipate is to relieve the strangulation of the blood vessels passing through the ring, under the sharp constricting edge, which prevents the return of blood. When this is removed, the œdema and congestion is soon relieved by restoring the outlet for the fluids. To more rapidly reduce the swelling, ice should be used to contract the blood vessels, allowing less blood to be thrown in, and more to be forced out. Add to this, gentle pressure, with a broad rubber T bandage, and the normal size and lax pliability of the parts is restored, so that they may be easily returned.

It is known to nearly every practitioner that some irreducible cases are despaired of, after long-continued taxis and auxiliary treatment, when the patient is allowed to rest for some hours, perhaps under the influence of opium, or without it, when, to the great surprise of all, the trouble is relieved, apparently without assistance. Now, as I believe, the relief in such cases, as in many others when taxis succeeds, is often unconsciously rendered by the physician. While attempting rather forcible taxis, prompted by great anxiety, the stricture was lacerated by the finger, acting as a wedge or bougie, and so little as to escape attention, as the distention of the ring was not the object sought, yet it was sufficient to give relief. But the parts being so much swollen, could not possibly be returned; yet as soon as free exit for the fluids, both in the blood vessels and intestines, was allowed, the swelling was relieved and the hernia partially reduced, just as ordinary reducible hernia is by the recumbent position.

It may be claimed by some, in the cases in which opium was used, that its sedative effects reduced the swelling. This would be more perceptible if the swelling did not depend upon a mechanical obstruction. But since the stricture is composed of inelastic fibres, and is compressing the veins more than the arteries, it can do nothing except to relieve arterial pressure and muscular contractions of the abdominal walls, aside from the mental quietude produced. That cold lessens the swelling by contracting arteries and veins, and lessening effusion, is true. Rest also is important. And in the commencement of mild cases anodynes are valuable; but in aggravated cases they have utterly failed. The dilatation or laceration of the urethra, rectum, vagina, etc., has long been practiced, but to me this mode of treating the hernial stricture is new, and has, I think, many advantages.

It is perfectly safe, as the skin is not punctured or cut, and the laceration is subcutaneous, and there can be no dangerous inflammation or

hemorrhage. The amount of laceration is perfectly at the option of the operator, and if the first attempt proves insufficient, it may be repeated. The distention employed carries the parts over the stricture upward and away from the hernia, and not a particle of pressure is exerted upon the constricted tissues, hence no wounding of the parts can occur. One great advantage is, it is admissible at any stage, when the parts are not fatally injured, and if employed immediately when taxis fails, all the danger of inflammation or gangrene is avoided. The laceration, instead of being injurious, has so far proved an advantage, by inducing sufficient inflammation of the ring to produce adhesion, if a firm truss is at once employed, and quiet enjoined. The operation, so far, has not only been easy and safe, but a life-saving treatment, relieving strangulated hernia of its terrors and fatal results. In offering this to the profession, for their approval or rejection, I feel that the importance of the subject demands a thorough investigation, and should it prove, in the hands of others, what it has, so far, in mine, many lives will be saved by it. I would also add that this method has proven most satisfactory in the hands of J. M. Hinkle, M. D., of this city.

## INCARCERATION OF JEJUNUM.

BY A. R. KILPATRICK, M.D.,
Of Navasota, Texas.

C. G., a colored woman, aged forty; multipara; lives on a farm; extremely fat; weighed two hundred and fifty pounds, though little over five feet high. Her last child was born in December, 1874; the labor was the most painful and protracted she ever had, and she has given birth to thirteen children. She suffered a great deal for several weeks after her confinement, and she attributed it to malpractice of her midwife, a negro woman. Had severe pain around the umbilicus, attended with fever, and her general health has never been good since that time. Owing to her obesity, she usually goes very thinly clad, as she suffers from preternatural heat, and seldom wears shoes.

On Monday, April 26th, 1875, she worked with a hoe in the field; the ground was damp, and it was the time for the catamenia, but they missed. Next day, she did not feel well enough to go back to work, and at noon, on Tuesday, she was seized with a violent pain in the bowels, the central point of which was just above the umbilicus, where there had so long been "a misery."

Dr. Wm. Goodrich was called to see her; she had high fever; tenderness on pressure over the abdomen, which was very acute in the tumor, or lump above the umbilicus; all the symptoms of enteritis and peritonitis; urine scant and high-colored.

Dr. Goodrich employed active catharties that day, and a blister to the abdomen. The medicines failed to act, and next day enemata were used, with only partial effect. He became convinced that there was present either intussusception, or incarceration of the intestines.

On Thursday, April 29th, I saw the case with Dr. G., in the afternoon. She had passed some dark-greenish fæces with the enemata; had vomited a great deal, and some stercoraceous matter. The stomach retained nothing. I repeated the enemata very freely, with Davidson's syringe, but only a little fecal matter was brought away. I used the hypodermic syringe, and injected morphine into the lump, with only slight relief. She slept only short naps; was very restless, and made loud complaints of the pain in the lump. I made constant, steady pressure or taxis, but produced only pain. Dr. G. introduced his hand, per anum, as fa as the splenic curvature of the colon, and exp ored for the point of obstruction, but could make no discovery. Some emmenagogue medicine was given, which produced a slight menstrual show next day, mingled with mucus. Dr. G. nursed her almost uninterruptedly till she died, on Saturday night, at 7 o'clock, one hundred and three hours after first attack. I was present, and got permission to open the body.

*Post-mortem*, two hours after death. We labored under many difficulties; the cadaver was the fattest I ever opened, and we had very dim lights to work by.

On laying open the abdomen in the linea alba, we penetrated the tumor above the umbilicus, and were surprised by unexpectedly meeting with an emission of fetid gas, and thin fæces, after cutting down not more than a fourth of an inch; while below the umbilicus and above the tumor the fat underlying the skin was four inches thick over the muscles and fascia. We proceeded then to dissect out the lump, which was only fat somewhat condensed and thickened by morbid impressions, and found that there was an inverted pit in the lump, into which about four inches of the jejunum were

embedded, but *not now* adherent. The intestine was withdrawn, and was found to be gangrenous, a solution of continuity of texture involving a space of nearly two inches in diameter at the apex of the incarcerated portion. The jejunum was gangrenous and discolored for several feet each way from this point, and the mesentery was equally disorganized, as a part of it was embraced in the ligature.

The ligature was formed by the omentum, which at some time, probably during her last puerperium, had become inflamed, and was attached firmly to the mural peritoneum at two points, about two inches asunder, thereby forming a sulcus, or pocket, into which the jejunum had been thrust and retained, perhaps during the last four months, causing the disturbance and "misery" she had suffered. This incarceration caused a condensation of the fat and a gradual absorption of that portion between the knuckle of the gut and the skin; but the disease progressed more rapidly in the bowel, destroying it; otherwise the case would have resulted in the formation of an artificial anus. There was another point of adhesion, about an inch and a half from this, where the omentum was firmly attached to the mural peritoneum, and from which it hung. No other points of attachment were found, and there was no lymph anywhere seen, the bowels floating freely; nor was there any preternatural quantity of serum in the abdomen.

The uterus was slightly larger than usual, and while cutting it open, the bistoury entered easily, and on attempting to pull it open and assist the knife, the walls gave way easily, making a rent of nearly an inch with little effort. The mucus coat was softened and congested, and the cavity was filled with mucus and menses. No other organ was inspected.

For a case resembling this, the reader is referred to the May number, 1875, of "*The Monthly Abstract of Medical Science*," *by H. C. Lea, Philadelphia, Pa.*

**Two Cases of Intussusception.**

As germane to the subject, I will give two cases of intussusception, also in negroes; one a woman, aged about 36, and her son, aged about 13 years.

Their health previously had been fair, and they belonged to kind, attentive owners. They were taken with fever in the summer season, and had gone to bed, and were treated by their master, who administered such domestic remedies as were commonly employed. He gave both pulv. rhei, after having used other things. This caused severe purging, with pain, and finally vomiting, which continued in spite of everything he could employ for its arrest. I presume these patients were peculiarly susceptible to the action of rhubarb, as I have known persons who were very actively purged even with a small amount of the crude root, chewed, and swallowing the saliva. I reached the cases when they were moribund and insensible, both sick at the same time. The owner requested me to make an examination, for the satisfaction of both of us.

I examined the woman first, as she died a little before the boy did, and found the small intestines invaginated in seven different places, the extent of each place varying from three inches (the shortest) to fourteen inches. Some had evidently been but recently ensnared, while others were gangrenous, and showed, by the state of agglutination, that they had been so for several hours. I think she had been sick over three days, probably nearly five days. Any other morbid condition is not recollected.

The boy was seized with illness the same time his mother was, received the same treatment, suffered in like manner, and died a short time after she did. This fact has a bearing also, in a medico-legal point, as showing that under like diseases, injuries, or exposures, the younger will outlive the older subject.

There were five places in the small intestines where they were invaginated to various extents, but the measurements are not remembered. The bowels and peritoneal membrane were disorganized, and there was coagulable lymph diffused in the cavity of the abdomen, on the bowels and omentum.

One cause of anxiety on the part of the owners was, that they apprehended some one might have given them poison, or that malignant people might say they had cruelly mistreated the negroes, and an inquest might be required.

## CASE OF GUNSHOT WOUND.

BY L. M. THOMPSON, M. D.,
Of Mahanoy City.

April 8th, 2½ P. M. Was called on by Dr. P. A. Bissell, to see Edward Childs, æt. twenty-six, Welsh, who had received a bullet wound in the head. While in the act of loading, the pistol was accidentally discharged. Says he was

kneeling, with head inclined forward. The accident occurred about one-third of a mile from his house; was alone, and walked home, stopping by the way to wash the blood from his face. No powder marks; found him perfectly conscious; bullet entered to the left of the median line of nasal bones, at the junction of nasal bones with the os frontis. Considerable hemorrhage and exudation of brain. Could not use the probe without anæsthesia. Probe entered and passed backward, or rather to the left, to a depth of three and three-quarters of an inch, without the slightest difficulty. At a depth of an inch and a quarter to an inch and a half on either side, shattered bone could be discovered. The effort with the probe failed to locate the bullet. Shattered bones were replaced with a small steel hook. Pulse 45, and feeble; calibre of pistol, 32; bullet conical, weight eighty-two grains; prognosis unfavorable. Ordered cold water to the wound and surrounding points; broken ice in bladder to back part of head; and one teaspoonful of the following every hour, if required, to relieve pain:—

℞. Morph. sulph., gr.iij
Spts. ether comp.,
Aquæ, āā fl.℥j.

8 P. M. Patient comfortable; considerable reaction; pulse 90, full. Bladder sympathizing; introduced catheter; evacuated about ℥xij urine; catheter passed prostate, and entered bladder with some difficulty. No pain in head.

Only one dose of the morphia and spirits ether comp. had been taken. Continue ice and cold water, and to give one teaspoonful of the following, every three hours:—

℞. Ant. et. pot. tart., gr.j
Tr. digitalis, fl.℥ij
Chloral hydrat, ℥ij
Syr. tolu,
Aquæ, āā q. s. for fl.℥ij.
Ft. sol.

April 9th, 8 A. M. Patient quite comfortable; pain in head inconsiderable; mind clear; pulse normal; skin soft and moist; tongue coated; no evacuation of bladder since last visit. Introduced catheter and discharged about ℥x. No action of bowels; both eyes closed; left completely ecchymosed. To have injection of warm soap suds and castor oil, fl.℥j; spirits turpentine, fl.℥j; continue treatment.

8 P. M. Doing well; consciousness perfect; no complaints whatever. Pulse same as at morning visit; skin still soft and moist; slight oozing of bloody serum from wound; bowels freely evacuated, from enema. Used catheter, and took away about same quantity as at last visit. Continue cold applications, tartar emetic, digitalis and chloral to be given every six instead of every three hours. Ordered—

℞. Pulv. mass hydrarg., gr.xvj
Pulv. ipecac et. opii.,
Sacch. alb. pulv., āā ℈ij. M.

Sig. Divide into eight powders. Give one every six hours.

April 10th, 8 A. M. About same; pulse 70, full and soft; skin moist; tongue still slightly coated; no thirst; catheter used; same result. Continue treatment.

8 P. M. Condition favorable, and pulse 70; skin soft and moist; thirst slight. Introduced catheter, and discharged about same quantity of urine as usual; not so dark in color; slight ammoniacal odor. Complained of the cold applications; discontinued them, and ordered poultices of ground slippery elm to the wound, and to cover both eyes. Other treatment continued.

April 11th, 8 A. M. Condition much the same; pulse 60, and normal; tongue cleaning; at times some thirst; had gruel (oatmeal) this morning; taste natural; no evacuation of bowels or bladder; used catheter, and injection repeated. Continue treatment; slept well.

8½ P. M. Some pain in forehead; pulse 86; temperature in axilla 102°. Had a constant stream of visitors to-day (Sunday). Diet rice and milk, noon and evening; taste natural. Bowels moved freely, from injection; used catheter; result twelve to fourteen fluid ounces; urine more natural in color, and less ammoniacal odor. Less resistance to introduction of catheter. The excitement of heart active, attributed to the number of visitors during the day. Positively forbid any but nurses entering the room. Treatment continued, with absolute quiet.

April 12th, 8½ A. M. Slight pain in the head; otherwise comfortable; slept well; wound open and discharging freely bloody serum; pulse 68; skin temperature natural; voided urine voluntarily for the first time since the injury, at 7 A. M. Tongue more coated; contrary to direction, ate some currant cake; taste natural; slight thirst. General condition apparently improved. Opens both eyes partially; vision in both unimpaired. Discontinue powders; continue ant. et

pot. tart., digitalis and chloral; poultices to wound. No action of bowels since yesterday; ordered granulated citrate magnesia, one teaspoonful four times daily.

9 P. M. General condition much the same; pulse 74; temperature 100°; thirst slight; taste quite natural; tongue moist and cleaner; skin moist, sometimes amounting to sensible perspiration. Occasionally slight pain in head; voided urine about 8 P. M., darker than natural. No action of bowels; to take castor oil, one ounce. Treatment continued.

April 13th, 8½ A. M. Condition favorable; pulse 60; temperature 99°; considerable discharge of bloody serum from wound, with slight hemorrhage from both nostrils. Complains of pain in lumbar vertebræ; tumefaction in left eye increasing; two operations of bowels, from the oil. To take the morphia and spirits ether as required.

7½ P. M. Symptoms decidedly unfavorable; pulse 72; temperature 104; had slight rigors during the afternoon; severe pain from frontal to occipital portion of head, pulsating. Indications favor pus formation; bowels and bladder evacuated at 10 A. M. Bladder now sympathizing; used catheter; took away about sixteen ounces of urine; thirst greatly increased; tongue cleaning; prognosis very unfavorable. Ordered—

℞. Ant. et pot. tart., gr.iss
Tr. digitalis, fl.ʒij
Tr. hyoscyami, fl.ʒiij
Syr. tolu,
Aquæ, āā to make fl.ʒij. M.
Sig. One teaspoonful every three hours.

April 14th, 8½ A. M. Condition not so alarming as last night; pulse 72; temperature 99½°; pulsating pain in the head slight; skin moist; tongue more coated, dryer, and slightly brown. No action of bowels, or evacuation of bladder; withdrew about ten ounces of urine. Dry bread and tea for breakfast; says it tasted natural. Less discharge of serum from wound. Ordered

℞. Mass hydrarg. pulv., gr.x
Sodæ bicarb., ℈ij
Sacch. alb., ℈ij. M.
Sig. Divide into eleven powders, one every four hours.

7½ P. M. Symptoms again very unfavorable; pulse 94; temperature 104; slight incoherence during the day, at times; passed urine twice since morning visit; no action of bowels; no thirst; ate a teacupful of bread and milk; tongue moist, and cleaner. Ordered—

℞. Castor oil, ʒj
Magnesia, ʒj
Spts. turpentine, fl.ʒj. M.
Sig. Take for one dose.

April 15th, 8½ A. M. Patient in articulo mortis; complete unconsciousness since eleven o'clock last night. Pulse 144; respirations 10, stertorous; fecal matter passing involuntarily.

12 M. Pulse 180; respiration irregular and gasping; profuse perspiration. Died at 2½ P.M.

Post-mortem at 5 P. M. Rigor mortis well marked; discoloration of skin general. Cranium opened and entire brain dislodged; brain weighed forty-six ounces. Brain bloodless; no indication of inflammatory action. There were at least eight ounces of effused blood in the cranium, in addition to that which escaped in removing upper part of skull—one or two ounces of coagulum in cranium.

The bullet was found at the base of the posterior portion of the left lobe of the cerebrum, together with a fragment of bone, both lying loose, having passed directly backward, or slightly divergent to the left. Bullet much battered and ragged; cause of death, compression of brain from effusion; hemorrhage secondary. Present at autopsy, Drs. Philip Weber, E. K. Weber, McDonnell, P. A. Bissell.

## IDIOPATHIC TETANUS.

BY B. F. PRICE, M. D.,
Of Gayoso, Mo.

Thomas N., aged eight years, the son of a farmer; has had no sickness save a few chills, six months ago. Had been sawing wood with an elder brother, during the cold weather, in the latter part of January and the 1st of February. In the evening of the 5th of February he complained of his jaws being sore, and the next day of his right leg and left hip. On the evening of the 7th I was called to see him. I found him in bed, having spasms every four and five minutes, but of short duration, lasting from one to two minutes. All of the muscles were tense and rigid, his jaws were firmly closed, consequently articulation was difficult; still he could make himself understood; the skin around the mouth was drawn tight, and the corners were retracted, showing the sardonic grin well marked. There was no decidedly anxious or distressed look about the face, and deglutition was not embarrassed. Two or three hours before my arrival, one of his front teeth was pressed out by a sudden and spasmodic contraction of

the muscles of the jaw. The abdominal muscles were very tense and rigid, feeling like boards, and a like rigidity pervaded the muscles of the neck and lower extremities. He could not move himself nor bend a joint; opisthotonos was very prominent. He complained much of a severe and constant pain at the epigastrium, greatly intensified during the spasmodic seizure. The spasms came on when he attempted to speak, or was spoken to or touched. There was no derangement of the intellect, no headache, pupils normal, pulse 115 and of good volume, bowels constipated.

My diagnosis was idiopathic tetanus. The treatment directed was, that he be kept quiet and take one of the following powders every three hours:—

| | | | |
|---|---|---|---|
| R. | Hyd. cum cretâ, | gr.viij | |
| | Santonini, | gr.iij | |
| | Pulv. rhei., | gr.ij. | M. |

Divide in three powders.

8th, 1 P. M. No change; bowels moved; free discharges, very dark; pulse 140; high fever.

| | | | |
|---|---|---|---|
| R. | Flt. ext. lobeliæ, | ʒiv | |
| | Ant. et. pot. tart, | gr.j. | M. |

Take ten drops every two hours and a half.

9th, 2 P. M. Has not been nauseated; pulse 150 and full; skin hot and dry. I opened a vein in left arm and drew six ounces of blood; ordered that the patient take five drops of chloroform during each spasm, also have plenty of nourishment, and take one teaspoonful of the following mixture every three hours:—

| | | | |
|---|---|---|---|
| R. | Potassii brom., | ʒj | |
| | Chloral hydrat, | ℈j | |
| | Aquæ, | ʒij. | M. |

10th, 11 A. M. Pulse irregular, running from 135 to 155 and back, in the space of a few minutes; has been nauseated a little; spasms not so frequent; abdomen tympanitic; sweats free; rested little better than the night before. Discontinue the lobelia mixture, and give quinia sulph., two grains every four hours.

12th, 1 P. M. Pulse more regular, 135; resting with more comfort; the abdominal muscles began now to play in respiration. The spasms were not so severe nor frequent; he has had no operation since the 9th. Ordered one of the following powders every three hours:—

| | | | |
|---|---|---|---|
| R. | Calomel, | gr.ij | |
| | Santonini, | gr.ij | |
| | Pulv. rhei., | gr.iij. | M. |

Divide in three powders.

Tablespoonful of castor oil and six drops of turpentine at eight o'clock in the morning.

15th, 12 M. Bowels moved three times; discharged several large, and pieces of worms; spasms short, not quite so frequent; pulse 130, weak. Ordered that the patient have as much nourishment as he can be induced to take, and port wine to stimulate him; continue the bromide of potassium, and take twenty grains of quinine every four hours.

15th, 2 P. M. I met in consultation Dr. Whitson, a worthy professional brother. We increased the dose of bromide mixture, and gave the quinine every three hours.

16th, 11 A. M. Patient resting well; symptoms of pneumonia.

17th, 2 P.M. Pulse 160; face flushed; high fever; pain in right side; hacking cough; can open his mouth to the extent of one-fourth of an inch; can flex his legs a little; spasms about every fifteen or twenty minutes, but of short duration. The bromide was stopped, and the following prescribed:—

| | | | |
|---|---|---|---|
| R. | Fld. ext lobelia, | ʒiv | |
| | Tinct. ver. viride, | ʒss | |
| | Alcohol dilute, | ʒiv. | M. |

Sig. Ten drops every two hours. A hot poultice to his right side.

18th, 12 M. Pulse 130; has been in a perspiration since twelve o'clock last night; complains of being sick at the stomach; continue treatment, giving only six drops of the lobelia mixture every three hours; bowels regular; can open his mouth three-fourths of an inch; spasm about every half hour, but very light.

I saw the patient every two or three days until March 1st, during which time there was a tedious but steady convalescence, when I dismissed him. He was then able to sit half erect in the bed, with a chair at his back.

March 7th. I stopped to see him; upon examination I found that the sternal and sterno-costal cartilages had given away; the spine was considerably curved posteriorly, and a little tender in the upper part of the dorsal region; the breast about the clavicle was sunken; his shoulders were elevated and drawn forward.

I ordered the patient to be kept in the horizontal position, and a board covered with blankets placed in his bed to sleep upon. With this treatment for two weeks, he recovered with little deformity.

# Editorial Department.

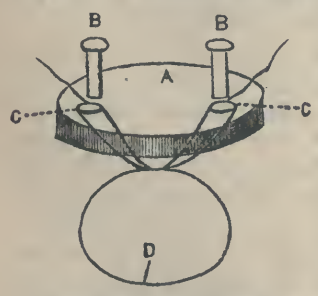
## Periscope.

### On Scarless Eradication of Nævi.

Dr. Richard Barwell, F. R. C. S., says, in the *Lancet*, May 8:—

The mixed nævus requires, if no scar is to be left, two forms of treatment, which may be carried on simultaneously—one for the skin portion and another for the subcutaneous. Subcutaneous strangulation of a nævus, effected by passing a string around the base of the tumor and tying it as tight as possible, is a painful process, replete with danger; it frequently fails in its purpose, as the tumor sloughs, and the slough either involves the skin and comes out by it, or it does not implicate the skin, and the dead morsel becomes a source of great danger. These inconveniences are due partly to the material used, but chiefly to the rapid and complete strangulation, as it were, by a blow. A mixture of slow strangulation and of cutting avoids these contingencies, as I have tested by many cases and several years' experience.

The operation may be thus performed:—Having carefully made out the limits of the nævus, both as to depth and circumference, a needle armed with not too fine a wire is passed through the skin, half around the tumor, and out again opposite the place of entrance; the needle is then again introduced at the same puncture by which it had just emerged, and, passing round the other side of the tumor, makes its final exit at the opening first made. In certain cases, the large size or peculiar shape of the tumor may render it necessary to bring out the needle twice instead of only once. However that may be, the effect is to enclose the base of the tumor in a wire loop, both ends of which, emerging at the same opening, are under perfect control. These might merely be twisted together till the requisite tightness is attained, but in this practice certain inconveniences arise which I have obviated by another expedient. A vulcanite oval plate, about three-quarters of an inch long and an eighth of an inch thick, has two holes bored obliquely through its thickness; and on its external surface two little studs project, close to where these holes emerge, and where also they are furthest apart. (See figure). By bringing the end which passes by the right side of the nævus through the left hole, and *vice versâ*, the wire is made to cross, while the oblique direction of the holes permits it to run smoothly. The surgeon having thus arranged his appliance, draws upon the wires until the nævus is rather tense, and then twists each end round the nearest stud. A piece of lint, slit so as to bestride the wire, is introduced between the skin and the vulcanite button, and prevents any undue pressure by the edges of the plate.




*a*, Vulcanite disc. *b*, Brass studs. *c*, Holes pierced obliquely in direction of dotted lines. *d*. Wire looped as in surrounding a nævus.

On the third or fourth day the wire will have become somewhat loosened; one of the ends is to be untwisted from the stud, drawn tight, and again secured. This process is to be repeated until the wire comes away, when, as must be evident, it has not merely strangulated, but has cut through the base of the nævus, with all its vessels of supply; in fact, it has acted like a slow and sure écraseur. During this procedure some pus forms and escapes by the needle punctures, but the treatment is so painless that, except at the time when the wire is being tightened, the child suffers no pain, is not fractious, and remains quite well.

Thus the subcutaneous part of the nævus will be destroyed, and in many cases the cutaneous parts will at once begin to shrivel and to lose their morbid color. In other cases this change is either very slow or will not take place without some aid. The best means of effecting this is to brush the colored parts with strong nitric acid, leave it for a few seconds, and then to wash it off with an alkaline solution. Care must be taken not to leave on the acid long enough to destroy the skin or to produce ulceration. This had best be done while the wire is still encircling the base of the nævus.

### Compression of the Abdominal Aorta in Uterine Hemorrhage.

A case is given by Dr. Schmidt, quoted in the London *Medical Record*, where a woman, aged thirty-two, pregnant for the third time, was attacked with flooding, coupled with retention of the placenta.

She bled until she became faint and perfectly blanched. The umbilical cord had been torn through by the midwife. An attempt to remove the placenta by Credé's method was unsuccessful, and brought on an attack of faintness. The abdominal walls being very flaccid, the pulsations of the aorta were easily recognizable. It struck Dr. Schmidt to apply compression to that vessel. The effect was that the pulsations of the aorta, which were previously small and frequent, became, in a few minutes, gradually fuller and slower; the faintness disappeared, and consciousness returned, with singing noises

in the ears; after a time even this symptom ceased. As soon as the compression was removed, all the former symptoms returned. Compression was again applied, with the same result, the patient complaining only of tingling and numbness of the lower extremities, showing how effectual had been the pressure. The patient made a good recovery. Some authors placed compression and transfusion alongside of each other, and as Herr Schmidt thinks, properly so; as, although general increase in the quantity of the blood is not attained, yet in the vital organs such is obtained, in the foremost rank of which stands the brain. Besides, transfusion is not capable of easy or rapid application, and assistance, both instrumental and manual, is requisite; a not unimportant factor in country practice.

### Iodine in Enlarged Prostate.

According to the New York *Medical Journal*, Professor Heine has cured six cases of prostatic hypertrophy with iodine injections, and now recommends the parenchymatous injection of moderately concentrated solutions of iodide of potassium; he states that the operation is not severe, and can be borne by old and weak individuals, because the diminution of the hypertrophied organ takes place without suppuration. When its volume is diminished, the secondary affections of the bladder are also relieved, provided they have not attained a high degree. The operation is performed by placing the patient on his side at the edge of the bed, and introducing the oiled index-finger of the left hand into the rectum, to the point where it is intended to make the injection. An exploring trocar is then introduced on the finger, the stilet having been withdrawn into the canula, and the puncture is made. The stilet is then withdrawn from the canula, which is filled with the solution in a syringe. When the canula has been filled, an air-tight syringe is attached to the canula and the injection performed. The median line of the prostate should not be chosen, as a small artery takes its course in this location. The author's solution is:—

| | | |
|---|---|---|
| ℞. | Iodidi potass., | ʒij |
| | Tr. iodinii, | ℥ij |
| | Aq. destil., | ℥ij. |

### The Hyposulphites in Phthisis.

There are symptoms of a revival of this method of treatment. The *London Medical Record* states that Drs. Sestini and Ferrini, of Turin, have administered the hyposulphite of lime with success in several cases of tuberculosis in the third stage, with nocturnal fever and abundant and fœtid expectoration. Polli has already made an important series of observations, which all tend to demonstrate the serious modifications in the augmentation of the general vitality, which take place in the nature and quality of the matters expectorated in the height of hectic fever. In each case, the diagnosis of the disease is established on the general symptoms and on the direct signs of the anatomical change furnished by auscultation and percussion. Dr. Rodolfi says that with the sulphites of magnesia he has been able on several occasions to combat violent attacks of fever with shiverings, in tuberculous patients arrived at the third stage, when this fever of consumption had been treated without success by preparations of quinine. Brunetti, of Constantinople, combats zymosis of the respiratory passages by preparations of sulphite of soda and hyposulphite of lime.

Dr. De Pietra Santa states that he has seen the excellent effects of hyposulphite of lime on the second and third stages of pulmonary phthisis. It is well known that in this terrible disease there is a time, in the cavernous stage, when the treatment can only aim at patching up certain morbid phenomena and prolonging the life of the patient. At that time, the pus which is not entirely eliminated by expectoration is absorbed into the organism; and this purulent infection is shown by the nocturnal fever, the diphtheritic irritation of the buccal and gastro-enteric mucous membrane, the colliquative diarrhœa, the nocturnal sweats, and the general emaciation. To prevent this decomposition of pulmonary tissue, and to combat the putrid absorption, logic bids us have recourse to therapeutic agents capable, first, of protecting the blood against the catalytic action of the pus which penetrates into the circulatory torrent; secondly, of thus diminishing the purulent exudation in the pulmonary cavities.

It is here that clinical observation has stepped in to demonstrate that alkaline hyposulphites are perfectly indicated to prevent this general decomposition; to arrest the deleterious action engendered by the purulent focus in the blood; to moderate the partial phlogoses of the pulmonary tissue; and, finally, to induce the phenomena of deoxidation. By protecting the blood against the catalytic action of the pus which penetrates into the circulatory torrent, they diminish by so much the purulent exudation in the pulmonary cavities.

### On Repair after Fracture.

The following are the conclusions reached by Prof. Agnew, of this city, on the above subject, as expressed in his address before the county society:—

1. That there is no evidence founded on structure, that the process of healing in the fractures of man may not be studied by experiments on lower animals, or that the repair in the latter materially differs from that in the former.

2. That the reparative act is the result of an inflammatory process.

3. That the reparative material is furnished by the vessels of the periosteum, endosteum, bone, and to some extent from those of the adjacent soft parts.

4. That the uniting material is deposited external to the bone, constituting an ensheathing callus in the medullary canal; when there is no displacement, between the ends of the bones, the conversion of this preliminary substance into bone proceeds from the surface towards the centre, so that the exterior is hard long before the interior, which will account for the movement discoverable in specimens apparently solidly united together.

5. That the union of bone is through cartilage, and even cells which have not reached the typical form of cartilage, and in this respect does not materially differ from the process observed in the primary development of bone.

6. That the presence of the ensheathing and medullary callus, which Mr. Paget regards as exceptional in man, should be considered the rule.

7. That the terms *temporary, or provisional* callus, as used by Dupuytren, in contradistinction to the *definitive*, must be accepted with considerable limitation, the one not differing in any particular of composition from the other; that the delay in the production and bony transformation of the intermediate or definitive callus, as compared with the exterior and interior portions, is only due to the comparatively small vascularity of the compact part of the bone.

8. That the complete absorption of the ensheathing callus never entirely disappears, and that the reabsorption of the medullary callus is not a work of nature set in operation because the union at the ends of the bone has become complete, but is simply a repetition of the order followed in the development of the long bones, entirely independent of the fracture, a work which contributes both to their lightness and mechanical strength.

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### Emetics in Intermittent.

In the *Practitioner*, Dr. A. R. Hall, says:—A very successful mode of treating the cold stage of ague, and one extensively employed by medical men in India, is to give an emetic at the commencement of the stage, when shivering first begins. The emetic I myself employ is sulphate of zinc, as it does not leave so much depression afterwards as ipecacuanha, and half a drachm of sulphate of zinc is usually found sufficient, followed by copious draughts of hot water, say three or four pints, if the patient can be induced to swallow them. This generally induces free vomiting, and the shivering fit is, as a rule, cut short at once, and the hot stage, with its subsequent perspiration, quickly follows. The mode of action I conceive to be that the emetic induces a state of relaxation of the muscular fibres of the vessels, and thus promotes free circulation through the surface, extremities, lungs, and system generally. I believe that in the cold stage of ague we have a condition similar to the collapse of cholera, though in a much milder form. It has been frequently noticed by medical men in India that the cold stage of remittent fevers can hardly be distinguished from the collapse of cholera, and I have myself felt the breath of a person suffering from remittent fever nearly as cold as in a case of a cholera patient.

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### Preventive Measures in Syphilis.

Mr. Acton recently read a paper before the Royal Medical and Chirurgical Society of London, from which we make the following extracts:—

His paper commenced by stating that when he returned to England, after the completion of his studies in Paris, he was greatly struck with the severity and number of cases of syphilis in London, as compared with Paris, and as a consequence of this he brought the subject before the notice of the Society in 1846, and again in 1860, showing that the Belgian and French troops were much less attacked by venereal affections than the English. In 1873 he found that in districts in England where the troops were not what he called protected from the women, primary syphilis still existed in the proportion of 123 per 1000 men annually. He maintained that syphilis could be prevented and stamped out by providing ready means of ablution, and destroying the local form of contagion, and warning male patients not to infect other persons. The institution of hospitals, whether free or otherwise, was one remedy, for treatment of prostitutes as out-patients was quite inadequate. They should be segregated as soon as diseased, and not allowed to leave hospital until they are quite cured. By doing this, as at Hong Kong and Dartmouth, the disease had been reduced to a minimum. In his visit to Brussels, in 1874, Mr. Acton had visited the Military Hospital, where he found only three cases of syphilis among the private soldiers, and two among the non-commissioned officers, out of a body of 3500 troops. There were only nine women confined to hospital for venereal disease, showing that in Brussels the police inspection had nearly stamped out the disease. In Paris he visited the military hospitals, and could only discover six cases of primary disease, and eight of secondary syphilis, among 3841 men forming the garrison of Paris. Disease among the females was very slight also, and Mr. Acton attributed this decrease to the police regulations. He gave a table showing that in the St. Lazare Hospital he only found 23 cases of primary disease among 202 patients in this prison, which is under the police surveillance. With respect to England, Mr. Acton said that Parisian medical men alleged that British travelers. like sailors, were the cause of much of the disease in Paris, and that the disease would ere now have been stamped out had it not been that England and other similar countries went on continually introducing fresh cases into Paris. In London he found at the hospital of the Foot Guards 24 cases of primary disease among 408 single soldiers in the second battalion of the Cold-

stream Guards quartered in London. In the first battalion of the Scots Fusilier Guards he found 25 cases of severe forms of syphilis among 505 unmarried men. He handed in a table extending over a year, which showed that one-fifth of the whole troops quartered in London in 1874 were affected with primary sores, which would have incapacitated the men from duty for a period of six weeks on an average. Perhaps 164 of these men would have secondary disease, requiring mercury, which would further incapacitate them from duty for a period of two months or so, and this would debilitate them greatly. Comparing the syphilitic affections of the Foot Guards with those among the troops quartered in Paris, he showed that 500 troops in London had more disease than 3841 quartered in Paris. Mr. Acton considered that one-half the prostitutes in London were diseased; whereas of those in the districts under the Contagious Diseases Acts only about 8 per cent. were found affected at periodical examinations. It appeared that at Woolwich, during 1871-2-3, only 1085 cases of primary sores were treated in hospital, out of a garrison of 18,250 men, or only one man was infected in 17 soldiers, instead of 1 in 6, as in London. He therefore, in conclusion, looked upon the advantages of supervision of prostitutes as no longer a problem, but as an undoubted fact.

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### The Treatment of Acute Infectious Disease.

Sir William Jenner, in a late lecture on the Etiology of Typhoid Fever, expresses himself thus:—

Excuse me yet a little while, to speak of the treatment of a special class of diseases. When any acute specific disease is epidemic, the public—the educated public—call loudly for a cure, and too often, I think, members of our profession call out as loudly, "Eureka." Now, to me it seems that there are no grounds for expecting that a cure will ever be found for diseases of this class—*i. e.*, for expecting that a drug or medicinal agent will be discovered, capable of arresting the progress of the organic changes, which, set in motion by a special cause, and following each other in definite and ascertained order, constitute what we call an acute specific disease.

For in place of being diseased actions, these several organic changes, the evidences of which we call symptoms, are, so far as our present knowledge extends, processes, the first of which being called into action by some external cause, *e. g.*, the poison of the disease, are essential for the restoration of the intimate organic changes to the order and intensity which constitute health.

I may illustrate my meaning thus:—Each of these diseases may be likened to a single fit of ague. We administer drugs to prevent the recurrence of the fit, but we do not cure the fit itself; the cold stage having commenced, and attained a certain intensity, the hot and sweating stages are essential for the restoration of the balance of health. So with small-pox. By vaccination we prevent its occurrence; but when the first of the phenomena, which, following each other in certain and definite order, constitute an attack of small-pox, occurs, we know that there is no road to health, but by the sequence of changes, the symptoms of which mark the several stages of the disease; and to my mind it is very questionable, whether, if it were possible, by the administration of a drug, to arrest the essential changes which constitute any one of these stages, health would be the result. And what is true of small-pox in this particular seems to me to be equally true of all the acute specific diseases; and when I read the lists of cures for cholera which swarm into the columns of the press at the first inroad of an epidemic of that disease, I should smile, did I not know that a column of cures for cholera in a newspaper may be the death-warrant of numbers.

Although the science of medicine can never hope for a cure for any one of these diseases, it can prevent death from all, and it is time that the public, and not the profession only, had correctly appreciated what medicine can, and what it cannot be expected to do in this class of diseases. Nor would medicine as a practical science fall in public estimation, or physicians be less highly esteemed, were the public instructed in this matter.

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### The Night Terrors of Children.

Dr. Wm. B. Hazard, in the Missouri *Clinical Record*, attributes these terrors largely to pernicious ghost stories. Of other causes he says:—

The only exciting cause mentioned by authors, with which I am acquainted, is gastro-enteric irritation. Undigested food in the stomach or intestines, is undoubtedly cause sufficient for night terrors or convulsions, and is probably the real exciting cause in many cases; but I am able to add to the above another, which I am sure has been overlooked, viz: irritation of the bladder, by a large collection of urine. This occurs in children who do not suffer from incontinence of urine, especially in those who drink large quantities of fluids just before sleep. It has sufficed, in some cases, to direct the parents to take up the child, and cause him to urinate, two hours after he has gone to sleep. This has, in one case, effectually prevented the recurrence of the attacks.

As regards immediate danger, the prognosis is good; the only accident to fear is an intensification of the cause and the supervention of convulsions from improper treatment, *e. g.*, by severe methods adopted to cause the child to awaken. For the future, it should be remembered that night terrors indicate an unstable constitution of nervous element, and especial care should be taken with these subjects, to cultivate habits of self-discipline and self-control; to encourage a rationalistic spirit of doubt in

the marvelous, and contempt for old wives' fables and emotional excesses. Out-door exercises and enlightened hygienic treatment are of the greatest importance. The bromide of potassium, after great emotional excitement or physical fatigue, is especially indicated from its action, regulating and increasing the stability of the excito-motor centres.

A light or fire should always be kept burning in the child's sleeping room. During the attack, kind words, and no rough or abrupt actions, should meet the return of complete consciousness.

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### Cod-liver Oil with Quinine.

The *Medical Press and Circular* says:—

Twelve years ago, Dr. Attfield called the attention of the Pharmaceutical Society to the fact that the natural alkaloids combine with oleic acid to form oleates, which dissolve in oil. The suggestion has not, however, proved of much practical use in pharmacy as yet.

In the *Pharmaceutical Journal* (February 13th) Mr. M. H. Stiles, of Hull, suggests that this fact might be turned to account in preparing cod-liver oil with quinine. Having lately had occasion to prepare some cod-liver oil with quinine, and found the product, as prepared by the usual process, unsatisfactory, the idea occurred to him of preparing the oleate and dissolving that in the cod-liver oil. The result was perfectly satisfactory. He says that the preparation had the characteristic taste of quinine and cod-liver oil, the oleic acid, from its small amount, not being perceptible.

The preparation may be made as follows:—

| ℞. | | |
|---|---|---|
| | Sulphate of quinine, | gr.lx |
| | Diluted sulphuric acid, | fl.℥j |
| | Solution of ammonia, | q. s. |
| | Distilled water, | q. s. |
| | Purified oleic acid, | fl.℥j |
| | Cod-liver oil, | fl.℥xxix. |

Dissolve the quinine in the diluted sulphuric acid mixed with four ounces of water, add a slight excess of ammonia, stir well, transfer the whole to a calico filter, and after carefully washing the precipitate, press it between folds of bibulous paper and dry by the heat of a water-bath. Dissolve the quinine thus obtained in the oleic acid, by the aid of a gentle heat, mix the solution, whilst warm, with five ounces of cod-liver oil, also warm, strain through cotton-wool or filter through paper, if necessary, then add the remainder of the oil. The product should measure thirty fluid ounces; each tablespoonful (fl.℥ss) contains oleate of quinine equal to one grain of sulphate.

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### Chloral vs. Strychnia.

Dr. Charteris, of Glasgow, reports this case in the *Lancet* for April 10:—The patient, a very strong, healthy man, aged thirty-nine, deliberately swallowed the contents of two sixpenny packets of "Gibson's Vermin Killer," mixed with whisky and ginger beer, each packet containing fully two grains of strychnia. The poison was taken at about 11.30 A. M., soon after a very substantial meal of ham and eggs, etc., and the symptoms came on very slowly and gradually. It was not till 3.30 P. M. that he was brought to the Royal Infirmary; violent attacks of convulsions were then occurring about every ten minutes. The stomach-pump was used, but the fits continued to increase in severity and frequency until 4.50, when ten grains of chloral were given, and the dose was cautiously repeated at intervals of about twenty minutes. There was little change until forty grains had been given, but then the improvement was rapid and marked; the spasms subsided into mere muscular twitches, and the patient became calmer. The chloral was now given at gradually longer intervals; about 3 A. M. the spasms ceased altogether, and the patient complained only of aching and soreness in the muscles. He recovered completely in three or four days.

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### Treatment of Scarlatinal Albuminuria.

Dr. Vesey, in the *Irish Hospital Gazette*, gives a case treated by turpentine and vinegar, from which is the following extract:—

The anasarca was very much increased all over the body. The urine had been almost totally suppressed. During the previous thirty-six hours not more than ℥iv (if so much) had been passed. This was of the color of tawny port wine. The immediate treatment was a hot bath, with mustard, followed by hot stupes to loins, a brisk purgative, and a turpentine enema. Turpentine confection was also administered in fifteen grain doses, every hour, and vinegar and water (1 to 4) was given, *ad lib.*, as a drink. The bowels acted freely, and in three hours from the commencement of the treatment there was an improvement; the convulsions were not so severe, nor so frequent. Chloroform was also tried, but I did not derive the benefit therefrom that I expected, so did not persevere in its use.

In twelve hours the convulsions ceased, and did not return. The turpentine confection was now given every third hour, and did not produce any strangury. The quantity of water was notably increased—six ounces in twelve hours. He drank freely of the vinegar and water, and was much pleased with it. He had very copious sweating, which continued for several hours.

Dec. 23d.—To-day patient much better; pale and weak, but otherwise well; plenty of urine secreted, only a trace of albumen; *no blood or casts* could be found. From this date the convalescence was uninterrupted and complete.

I need not enlarge on the condition of the kidneys in this case. It will be sufficient to say that it was regarded as a case of masked scarlatina in the first instance, with the usual renal sequelæ, from exposure to cold. This view

is borne out by the appearance of scarlatina in a sister of this boy a few days afterwards.

The reasons for the employment of turpentine are too obvious to be commented on. The vinegar was given with the idea of making the urea-poisoned blood purge itself of the offending matter through the skin. I do not venture to say that the diaphoresis was *propter hoc*, though certainly it was *post hoc*.

In the current number of *St. Bartholomew's Hospital Reports* will be found a very valuable paper by Dr. Reginald Southey, who prescribed sulphurous acid and compound spirit of horse-radish in acute Bright's disease. Of vinegar he says, "I do attribute her improvement very greatly to the large amount of *vinegar* in horse-radish sauce that this patient took; and oftentimes since, in the persistent sickness of the uræmic state, I have given the dilute acetic acid of the Pharmacopœia, in drachm or half drachm doses, with almost invariable benefit."

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**On Croton-chloral Hydrate.**

In the *Medical Press and Circular*, Dr. J. C. O. Will, says:—

I may state my decided conviction that, of all hypnotics, croton-chloral has the least troublesome sequelæ.

I make it into a syrup containing two grains of croton-chloral to a drachm of a mixture of glycerine and syrup of orange flowers, colored by adding a very minute quantity of tincture of cochineal. This effectually conceals the taste of the drug, which is certainly to be desired, as it seems to me decidedly unpleasant, and when taken without some flavoring agent it leaves a disagreeable, semi-acid taste in the mouth for a considerable period after swallowing it. This preparation is permanent, a matter of considerable moment, as croton-chloral, though rather freely soluble in warm fluids, is only sparingly so in cold, and when first employing it I was disappointed to find that a mixture which was perfectly clear when first made, soon after became clouded, and threw down a copious deposit of crystals on becoming quite cold. It is, as stated by Wallich and Diehl, freely soluble in alcohol, and a strong tincture can thus be prepared; but, unfortunately, on the addition of water, separation soon takes place, the liquid first presenting an oily-like appearance, and soon after depositing crystals. Therefore, if a strong spirituous solution is prescribed, directions must be given that water, in the proportion of at least a drachm to each two grains of the croton-chloral, should be added before the dose is taken, else the changes I have indicated will ensue, and some of the crystals are pretty sure to adhere to the spoon or glass, or to remain in the patient's mouth, an occurrence certainly not desirable, as the taste of pure croton-chloral is far from agreeable.

Case 1.—Mrs. T., æt. 30, suffering from severe facial neuralgia, occurring every night about ten o'clock, was ordered three grains of croton-chloral; half an hour after the pain disappeared, and she slept well, which she had not done for some nights before. On the four following nights the pain recurred at the same hour; three grains were again taken, with similar effect. On the sixth night pain not nearly so severe. On the seventh still less so, after which it did not return. On asking the patient if the mixture made her sleepy, she replied, "No, the pain left me, and then I soon went to sleep." At the time when this statement was made to me I had not seen Liebreich's paper on croton-chloral, but I have since found that it is in accordance with his experience, viz., "that in some cases of tic douloureux the remarkable phenomenon is exhibited that pain ceases before sleep sets in."

Case 2.—Mrs. S., æt. 43, a somewhat hysterical female, suffering from supra-orbital neuralgia, appearing every night about eleven o'clock. To take 2½ grains on appearance of pain, to be repeated in two hours if necessary. Soon after the first dose pain abated considerably; after the second it disappeared entirely, and did not return for some nights; when it did, the medicine again acted as on the former occasion.

Case 3.—Mrs. W., æt. 31, had been for some days attacked by intense pain in her right temple, commencing soon after she arose from bed, and continuing with more or less severity during the greater part of each day. When I was called to her it was more severe than it had ever been before. She was directed to take three grains every second hour till relieved. Six grains sufficed, and when I visited her on the forenoon of the following day she was quite free from pain, and said that soon after the second dose she felt so well that she had been able to serve her customers "just as if nothing had ever been the matter." In this case the truth of Liebreich's statement, already alluded to, was well affirmed.

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**Diabetes Mellitus.**

The veteran, M. Andral, of Paris, lately reported notes of eighty-four cases of this disease, of which he has preserved written accounts, discarding all others which he had trusted only to memory.

Of these 84 cases, two at the period of observation were between the ages of three and five, three between ten and twenty, twelve between twenty and thirty, twenty between thirty and forty, twenty between forty and fifty, thirteen between fifty and sixty, twelve between sixty and seventy, one at seventy-three, and one at seventy-eight. Thus, glucosuria, very rare prior to twenty, becomes less so between twenty and thirty, is at its maximum between forty and fifty, and continues to be often met with between fifty and seventy, after which it becomes quite exceptional; that is, the greatest frequency of the disease coincides with the epoch at which the organic forces are in

greatest activity. But the ages thus specified were not those at which the diabetes first made its appearance—which were, in twelve before thirty, in forty between thirty and sixty, and in eight between sixty and eighty. There were fifty-two males to thirty-two females.

The treatment generally followed in these eighty-four cases consisted in the use of alkaline drinks, and in alimentary regimen composed chiefly but not exclusively of animal substances, to which were added some herbaceous vegetables and ordinary bread. During this treatment the sugar disappeared, not to return again, in only five cases In some others it also disappeared, but to return again; while in others it remained as abundant as before, or even increased. In these last cases an exclusively animal regimen, unaccompanied by any feculents whatever, was rigidly enforced, and yet the sugar continued to appear. Moreover, this regimen cannot be continued indefinitely, for after a time the patient becomes so disgusted with it, that, whether we will or not, we must give it up.

M. Andral terminates his paper with some considerations as to how far his clinical experience corroborates the theory of diabetes founded by M. Claude Bernard on the results of experiments. He is of opinion that this is the case only to a limited extent.

### Rectal Polypi.

The following conclusions are arrived at by Dr. Woodman, in the London *Medical Press and Circular:—*

1. Polypi of the rectum in children are probably less rare than generaly imagined.
2. They generally grow from the posterior wall of the rectum.
3. They are easily recognized by digital examination.
4. Such examination should be made whenever the symptoms suggest a polypus.
5. These growths should always be removed. (I have not entered on the question of how best to remove them, but believe the ligature, some form of écraseur, twisting off with forceps, or galvanic or gas cautery, to be most appropriate).
6. The polypi may be gelatinous, cystic, warty, fibro-cellular (desmoid) or cancerous, and probably sarcomatous; possibly other varieties of structure may occur.
7. Of all the varieties, the desmoid (fibromata) are the most common.
8. The pedicle, at all events, and sometimes the tumors themselves, are very vascular; hence the knife, if used at all, requires great caution.
9. There is often a tendency to spontaneous cure, which should not, however, be trusted too much.
10. The children of arthritic parents, and those suffering from the syphilitic, tuberculous, and cancerous cachexiæ are most liable to these affections.

### Fungous Disease of the Ear.

Dr. J. P. Cassells, of Glasgow, contributes to the January number of the Glasgow *Medical Journal* an interesting and instructive paper, on "Fungous Ear Disease" (*Otitis parasitica*), a form of disease which he believes has been almost overlooked in England. He, it appears, came to this conclusion from the fact that, in 1874, Hinton "had not seen such a form of ear disease, nor did he know of an aural surgeon who had." From this circumstance Dr. Cassells formed the determination to investigate every case of ear disease with more care, the symptoms of which gave reasonable grounds for suspecting the presence of aural fungus. The result was that in May, 1874, he discovered three cases, and in June, a case, in which fungus (*Aspergillus nigricans*) was found in both ears; since which he has seen several cases in private practice. In April, 1857, a member of the profession, Mr. John Grove, also published a case in the *Quarterly Journal of Microscopical Science*, and gave some admirable drawings of the fungus fruit and its floccular mycelium, magnified 400 diameters, and which were found to ramify beneath the surface and amongst the hexagonal pavement epithelium. This gentleman tells us also that in the previous September, of 1856, he met with a beautiful specimen of fungoid growth removed from the ear of a gentleman who suffered much from what was thought to be inflammation of the external meatus auditorius. At the end of some days' treatment it was noticed that a peculiar flocculent mass came away after syringing the ear, and which upon examination proved to be a fungus. The disease was speedily cured by the daily use of an alum injection.

## Reviews and Book Notices.

### NOTES ON CURRENT MEDICAL LITERATURE.

——A very useful monograph "On the Use of Warm and Hot Water in Surgery," has been written by Dr. Frank H. Hamilton, and published by G. P. Putman's Sons, Fourth avenue and Twenty-third street, New York city.

——"The Physiology of General Paralysis of the Insane and of Epilepsy," is the title of an article in the *Journal of Mental Science*, by George Thompson, L. R. C. P., published at Lewes, by George P. Bacon. It is a careful study of the subject.

——A lecture by Dr. T. Gaillard Thomas, on the treatment of tubal pregnancy, has been republished by the Appletons, New York. The diagnostic sign which he chiefly lays stress upon, is *ballottement*.

THE

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## THE PROBLEM OF OVER-POPULATION.

A delicate question has recently come up in English politics—that of the dangers of over population. It is delicate, because to confront those dangers, to suggest any feasible means by which they can be overcome, trenches on the intimate relations of married life.

The immediate topics which led to this discussion have been two—the famine in India last year, and the enormous increase of pauperism in the British Isles these last few years. The famine was directly traceable to an increase of the native population over their means of supply, this increase arising from the condition of prolonged peace the rival princes are forced to maintain by the English residents.

For English pauperism all sorts of remedies have been devised, not one of them practicable. Quite recently the eminent political economist, Professor FAUCETT, has boldly denounced the production of large families by parents unable to support and educate them properly. He points to the peasant population of France, to prove that a nation can control itself in this particular. Some such effort at self-restraint he recommends to be urged upon the lower classes in his own land.

It were a mistake to suppose that this question has no interest to us in this country. The working man, the book-keeper, the clergyman, forced to subsist on a meagre income, has a very doubtful right to bring into the world a litter of infants beyond his means to protect efficiently in their minority. This view of the case has lately received, to a certain extent, the endorsement of that excellent lady, Mrs. LONG, so well known for her labors in the missionary field of Bedford and Spafford street, in this city, who says:—

"I believe it impossible, in the present condition of wages, for poor people to bring up a family of six or eight children properly. The wife must supplement the labor of the husband by working outside of her own household. This prevents that personal supervision and influence essential to the moral education of the young, and it is this neglect of personal attention that fills our city with street Arabs and our juvenile reformatories with criminals."

These reformatories are necessarily supported by taxation, which falls on those who own property, and this makes another objection to an increase in a pauper population.

There are also physiological reasons, and sound ones, why a family should be restrained within limits. The extensive statistics collected by Dr. MATTHEWS DUNCAN prove that in a numerous progeny the last children are much more apt to be idiots, feeble, or deformed, than the earlier ones; mortality reports conclusively show that the percentage of deaths in children of large families is decidedly higher than in an equal number of children from small families; the health of the mother, and consequently the quality of her milk, deteriorate by repeated child-bearing.

If it should come to be considered that these economic and physiological reasons are sufficient to justify Professor FAUCETT's recommendation, it will then become the duty of the medical profession earnestly to discuss in what manner the result he advocates can be brought about without attending harm, physical or moral. Perhaps, at present, no way free from serious objections of some sort could be thought of. But, of course, there is no invincible obstacle in the case. General refraining from marriage, or *matrimonia sine concubitu*, have had their defenders; but these are feeble aids.

It is our own opinion that were much greater legal power placed in the hands of woman than she now exercises, the question would be sooner solved. Of this there is little hope; so, after all, when the question becomes a pressing one, the medical profession should be ready to meet it.

## NOTES AND COMMENTS.

### A Capable Mother.

The editor of the *British Medical Journal* quotes a letter from a lady, describing how she prepared to treat her son, sick with scarlatina. Her example merits imitation. She writes, "Some months ago, I received the intelligence that my boy, along with others at the same school, a few miles from town, was stricken with scarlatina, and had been removed to the infirmary. Finding, next day, that no rash had appeared, I resolved to have him home. Having given directions for the sick room to be prepared, I proceeded forthwith to St. George's Hospital, to arrange about sending the fever-carriage for the boy. I found, to my dismay, although it proved ultimately for my good, that the carriage was impracticable, owing to the fact that it would not permit of two horses, and one could not accomplish the journey. I was compelled, therefore, to go to our livery stable keeper, give him my confidence, and bind him over to take all necessary precautions afterwards. We had all the cushions removed, and air cushions and a few washable wrappers put in, and a servant was despatched to bring back the patient. Meanwhile, the sick-room was prepared; and, for the sake of others, I may as well describe it. A well ventilated room at the top of the house, cut off, by a long passage, from other rooms. The walls and ceiling are lightly papered and varnished; a slip of carpet is easily removed, leaving bare boards. No curtains, painted furniture, and an iron bedstead, with woven wire mattress, and a light hair mattress above. This is commonly called a hospital bed. The drawers were removed, with their contents, into another room, leaving the carcase to serve the purpose of shelves. Disinfectants and a hot bath were in readiness. About 8 P. M. the carriage drove up, and a most hilarious invalid bounded forth, an emancipated slave! He had eaten all the oranges, enjoyed the drive, and exercised his lungs in puffing out the air cushions. Although the child had actually been in the infirmary, mixed up with some severe cases, beyond a little sore throat the disease did not develop, and he escaped."

### Wine Drinking and Drunkenness.

Again we have it stated, this time by Dr. Lunier, in a paper at the Paris Academy of Sciences, that drunkenness becomes more general in proportion as the alcohol of commerce is introduced into common use. Thus, in wine-producing countries, where wine is the ordinary drink, drunkenness is rare; whilst, on the contrary, it is general in countries which do not produce wine. His remedy for this state of things is to give every possible facility for the consumption of wine in those countries where it is an imported luxury.

### Insulation of the Bed in Rheumatism.

This method, advocated by Dr. Wagenhals last winter, in this journal, has received further confirmation from various sources. Dr. Edward Playter, of Toronto, gives a case in the Canada *Lancet*, for April. The patient was, February 16th, ordered to be insulated, which was done by placing the legs of the bedstead in four glass salt cellars, the mixture to be continued, and a Dover's powder at night. February 17th, patient decidedly easier, though the previous night had been the worst he had passed. He continued to improve rapidly, and was entirely free from pain in three or four days more, and able to walk about the house.

The constitutional symptoms in this case were not of a very marked character. The heart's action was labored and irregular in the beginning, but not quickened, tongue slightly

coated, white, considerable thirst, but perspiration not profuse; though these symptoms, excepting the heart's action, were gradually becoming more aggravated until February 17th.

The patient had had two previous attacks, similar, but of much greater duration; from which he had entirely recovered. His father had suffered from two or three very severe attacks of acute rheumatism.

Dr. Playter adds, "One such case does not prove much in favor of insulation, but the improvement in the one above referred to commenced earlier, was more rapid and decided than that of any other case of like severity which I have treated, in a practice of about fifteen years."

### Treatment of Vaginism.

M. Bouchut observes that the spasm of the vaginal sphincter is often due to the same cause as the spasm of the anal sphincter—a very small, painful, longitudinal fissure being detectable at the lower part of the orifice of the vagina. Forced dilatation would seem to be indicated here, as in the fissure of the anus; but in M. Bouchut's opinion, before having recourse, in either disease, to so painful a procedure, we should try simpler measures, which will often prove efficacious. To this end he strongly recommends vaginal suppositories formed of five parts of cocoa butter and three parts of extract of rhatany, thoroughly well incorporated. One of these is to be introduced into the vagina night and morning, and allowed to dissolve there. The patient should also employ a bran bath for an hour daily.

### On Circumcision.

Whether this operation was first instituted as a measure of hygiene or as a religious rite is not more uncertain than whether to-day it is to be recommended as a sanitary precaution. A French writer, Dr. A. W. St. Germain, states that the indications for the operation are very numerous. Firstly, we have imperforation of the prepuce, which is a rather frequent malformation; in two or three days the newly-born infant has not passed urine. There is developed at the extremity of the penis a tumor of some size, tense, fluctuating, a true urinary cyst, and we must hasten to incise the prepuce or to practice circumcision, to give passage to the urine.

Circumcision may be of some utility as a preventive means or a curative method in masturbation. In this point of view it is of no use after the age of ten; but at the age of five or six we may obtain a cure. As a general rule, masturbation is a moral disease, against which we must most generally employ moral treatment.

Phymosis is a serious obstacle to fecundation. Hutchinson has much insisted on the remarkably immunity from syphilis or soft chancre found among Jews. Perhaps he is right, for the gland, when constantly uncovered, is flattened, retracted, and indurated, and is no longer covered by mucous membrane, but by a kind of skin.

On the contrary, the contra-indications are few in number—they are erysipelas, hospital gangrene, etc.

### The Dyspepsia of Smokers.

Dr. Peters, of Paris, alleges that smoking gives rise to a peculiar form of flatulent dyspepsia, characterized by the fact that in such patients charcoal-powder produces no effect. Above all, it is necessary to diminish and forbid the use of tobacco. Pretty good results are obtained from the use of strychnine, especially from the tincture of nux vomica. But these are difficult of administration, and, besides, patients know their names, and fear them. He therefore recommends the following prescription:—

℞. Bitter drops of baumé, ʒj
Tincture of rhubarb, ʒv.

Make into forty pills, one or two of which are taken before each meal.

### Poisoning by Sausages.

Dr. L. Müller gives, in the *Deutsche Zeitschrift für Pract. Medicin*, the history of a remarkable case of sausage-poisoning, at Middelburg, in Holland. In March, 1874, nearly 400 persons became ill in the course of a few days after eating liver-puddings obtained from a certain butcher's shop. The symptoms, which appeared a few hours after eating the sausages, consisted of *malaise* and vomiting, diarrhœa, with watery and very fœtid discharges, at first yellow, afterwards of a grass-green color, colicky pains in the intestines, with, in many cases, pain in the epigastrium and tenesmus, urgent thirst, and great diminution of the secretion of urine. The fever was rather high; the temperature exceeded thirty-nine per cent. (102.2° Fahr.);

the pulse was small, 100 to 120. Herpes labialis appeared off and on. After a few days, apparent convalescence set in, but was, in many cases interrupted for several days by a recurrence of the symptoms, generally, however, without vomiting. Nothing is said as to the state of the spleen. Sometimes the disease finally assumed an intermittent character. Of 343 patients whose cases are recorded, 6 died. *Post-mortem* examinations were made in two cases; but these, as well as chemical and microscopical examinations, and experiments on animals by feeding them with the sausage-meat, gave only negative results.

### Location of the Sense of Taste.

According to Dr. Davidson, of Liverpool, the results of clinical observation, and of physiological experiment appear to show conclusively that the sense of taste in the anterior area is dependent on the integrity of the chorda tympani, since injury to the fifth nerve, above the junction of the latter with it, although accompanied by complete anæsthesia of the side of the face and tongue, does not necessarily affect the sense of taste; whilst, on the other hand, when the chorda tympani is injured, or cut, taste is lost without loss of sensation. According to some, who regard the chorda tympani as a purely motor nerve, this is due to the affection of the functions of the submaxillary gland, or to the loss of power of erection of the taste papillæ. Neither of these explanations, however, appear to be satisfactory, and the weight of evidence would seem to be in favor of the view that some of the fibres of the nerve are afferent.

### The Longevity of Jews.

Commenting on this subject, the *London Medical Record* says:—"Some of the causes of Jewish longevity are chiefly as follows. They are obliged to keep two Sundays in a week, besides Jewish, Christian, and political holidays. The circumstance of two out of every seven days being lost to business, gives them, by necessity, about twice as many days of leisure as Christians. They do not engage in mining, mechanics, and other hazardous occupations. The biblical and traditional prohibitions of certain aliments is favorable to longevity. The fifth and last of the summary of causes to which M. Legoyt attributes the greater mean average duration of life of this people, is that 'the *sentiment de la famille*, more developed in them than in Christians, assures to their children, to their aged and infirm parents, a solicitude more active; to the newborn the mother's nursing; to the poor an assistance more efficacious. Their charity is unequaled; their morality is demonstrated by judiciary statistics; firmness and serenity of spirit are the most marked traits of their character, and proceed from a profound faith, from an unalterable confidence in Providence.' They rarely use alcoholic liquors, and almost never to excess; this is universally conceded. They seldom marry out of their own race, and have little hereditary disease."

## Correspondence.

### Letter from Atlantic City.

Atlantic City, July 1st, 1875.

Ed. Med. and Surg. Reporter:—

This is one of the favorite seashore resorts, the evidence of which is seen on every side, in the numerous visitors, and the many cottages occupied by the most eminent physicians and surgeons of Philadelphia. It has many advantages for invalids residing in Philadelphia and its vicinity. The first of these is that this place can be reached without fatigue, in two hours; second, the air is dry and bracing, so that persons suffering from the early stage of phthisis, are not distressed. and those with bronchitis and disease of the heart do not suffer as much as they do in the close and heated city. Again, the transitions of temperature are not as frequent as at many other resorts: for instance, during the last ten days the wind has been southeast. And while the thermometer in Philadelphia ranged from 85° to 95° in the shade, the highest point it has reached here during the same period was 82°, our warmest day at 12 M., while most of the time it was 60° to 65°, and during the evenings, shawls and overcoats were found absolutely necessary. Another class of invalids are very much improved here, not only during the summer, but also in the winter months. I refer to cases of neuralgia, gout, and rheumatism. A most remarkable case of relief of the first has just been brought to the writer's notice. An old and influential merchant suffered from this most distressing and painful malady. All the agents in the treatment of this disease found in the materia medica were employed, without permanent relief. He then was placed under the surgeon's knife, and numerous operations were performed upon his jaw, etc., but with no improvement. As a dernier resort, he was sent to this place, and he had not been here more than a few

weeks when he became entirely free from pain, and he has continued to reside here both winter and summer ever since.

Numerous other affections are much benefited at this health-giving resort; as, for instance, all scrofulous and tubercular affections of the spine, and bones of the upper and lower extremities. In many skin affections, a few weeks' residence will entirely rid the patient of it, even when all ordinary remedies will fail. Diseases of the eye and ear, of a strumous or constitutional character, are much benefited by the warm sea baths, which are now found on each end of the island. The most recent is the West-end Hot and Cold Sea Water Bathing Establishment, situated on Pacific Avenue above Ohio Avenue. This elegant structure, 36x85, two stories high, with forty bath rooms, twenty for males, and twenty for females, was opened the 1st of June, 1875, and is replete with every convenience and improvement that medical science can suggest. The sea water is pumped up by means of a small engine, and the water is heated by steam pipes passing through it. Separate elegant parlors are provided for ladies and gentlemen. As many as seventy bathers have enjoyed the real comforts of the establishment in one day. We could not help noticing with interest the number of little invalid children which thronged the reception room at 11 A.M., each waiting for the influence of the health-giving waters. We took a bath, with two others, to test its simple, cleansing and invigorating qualities, and it was the unanimous opinion that everything was done to make it one of the most agreeable baths we ever enjoyed, and almost at the same cost as one in the ocean. Yours truly, L. T.

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### Fish Diet.

ED. MED. AND SURG. REPORTER:—

The chief objection to salt fish as an article of diet, is its universal fishiness. No one wishes to be constantly reminded of what he has eaten. That which goes to supply our temporal wants, should be like alms given to the poor. It should be heard of no more.

It is not generally known that salt mackerel (*scomber vulgaris*), and indeed any salt fish, may be eaten with impunity when properly cooked and served up with lemon. A fresh lemon sliced and laid over a dish of properly cooked salt mackerel, when brought to the table emits an odor, when mingled with the fishy odor, that is to most persons absolutely agreeable, and in many persons even whets the appetite.

If the juice of the lemon be now pressed out on to the fish the taste is very much improved. No eructations follow, though you drink freely of water after the meal.

As a vehicle for taking cod-liver oil, lemon juice serves an excellent purpose, and should be especially recommended to patients of a rheumatic diathesis. A. D. BINKERD, M. D.

### On Specific Treatment.

ED. MED. AND SURG. REPORTER.

In your valuable journal, of May 28th, 1875, I find an article by T. B. Evans, M. D., on therapeutics, that leads me to give my experience in the administration of medicines.

Dr. Evans says, the want of precision and exactness, and the evident lack of sound judgment in collating facts, and the liability to form hasty conclusions from insufficient data, is, in a great measure, the reason of the difference in opinion as to the efficiency of remedial agents." In which statement I fully concur. Again, "In every case we must be guided simply by the appearances presented. Every case treated must be by a law peculiar to itself." And again, "When our knowledge of the causation of certain diseases is based upon better data than we at present possess, I am satisfied, that we may find more specifics." Now if I can do anything to further this end, I shall be satisfied.

I find that all persons are not equally susceptible to malarious or morbid influences of any kind, and have asked myself often, why is it? and answered, it must be on account of different conditions of the chemical constituents of the body. Give a man a perfectly sound organism, and he will resist morbid influences until the equilibrium is destroyed, and then anything that will restore the chemical loss will restore health.

Perhaps I can make my point clearer by relating a few cases in practice.

C. S. calls at my office, complaining of ague; has a well-marked chill, with high fever following, slight headache, and other common symptoms of intermittent fever. On taking his hand I notice it is of a rather bluish color, pale, his tongue is slightly coated, and shows a bluish tinge also, with a blue line around under the eyes. I say he wants iron, and prescribe

℞. Tr. ferri mur., ℥ss
Aquæ, ℥iv. M.

A teaspoonful every hour the first day, every two hours the second.

Sequel, perfect recovery, with but a single, very slight chill.

Again, J. T.; ague; general condition somewhat same, but lips and tongue red, markedly so.

℞. Acid mur. dil., ℥j
Aquæ, ℥iv. M.

A teaspoonful every two hours. Sequel the same.

Again, similar case, frontal headache; yellowish ring around the mouth; pulse weak; slight nausea.

℞. Tr. aconit, gtt.xx
Tr. nucis vomicæ, gtt.xx
Aquæ, ℥iv.

A teaspoonful every two or three hours, and that is sufficient.

Again, similar case, but mucous membranes pale; tongue thickly coated with a dirty-white fur.

℞. Sulphite or bicarb. sodæ, ℥j.

Ft. chart. No. xvj. One in water, every four hours.

And that case is cured.

Now, I have started with ague here, as I did in my practice, and I carried the same observations into general diseases, and have cured many different cases of different diseases, by simply studying to find out the distinct chemical lesions, and prescribing accordingly; not always using single remedies, but combining them to meet the distinct wants of the system. Thus, dysentery, with common salt, or again, with atropia and bismuth. Typhoid fever, with acid mur. and quin. sulph. Scarlatina, with belladonna and aconite, and sometimes mur. or nit. acid.

C. A. Freeman, M. D.

*Newark, Illinois.*

## News and Miscellany.

### University of Pennsylvania.

Those graduates of the Auxiliary Department of Medicine of the University of Pennsylvania who have received the degree of Doctor of Philosophy (Ph. D.,) have organized an Alumni Association, with the object of encouraging the study of the Sciences collateral to medicine.

In furtherance of their purpose, they have offered a prize of fifty dollars to that student who shall present the best thesis embodying original scientific investigation. This prize is to be called the "George B. Wood Prize," in honor of the illustrious founder of this Department.

The Association met at the University on the afternoon of Commencement Day, and elected the following officers.

President, Dr. Roland G. Curtin.
Vice President, Dr. De Forest Willard.
Recording Secretary, Charles K. Mills.
Corresponding Secretary, E. L. Evans.
Treasurer, J. Guiteras.

Executive Committee, Drs. A. W. Miller, Jas. B. Walker, J. Wm. White, Edward T. Bruen, Geo. C. Laws, G. Kerr, J. R. Partenheimer, J. R. Haynes, Robert Simpson and Andrew Macfarlane. Upon that day the following degrees were conferred.

The degree of doctor of philosophy was conferred in course upon the following gentlemen, (doctors of medicine) upon the recommendation of the auxiliary faculty of medicine:

B. Franklin Lautenbach, Andrew McFarlane, A. M., Harry M. Stelwagon, R. S. McCombes, Louis E. Gilliard, Wm. H. Winslow, J. A. Ogden, F. A. Hassler. And on the same day the degree of doctor of medicine was conferred upon J. Sartorius Giltner, and W. Paris Dale Giltner.

### The Mortality of the City.

We give below a statement of the number of deaths in Philadelphia from January 2d, 1875, to the 26th of June, 1875:—

| Months. | *Males.* | *Females.* | *Boys.* | *Girls.* |
|---|---|---|---|---|
| January | 718 | 709 | 359 | 338 |
| February | 763 | 726 | 372 | 353 |
| March | 805 | 763 | 431 | 379 |
| April | 942 | 920 | 476 | 438 |
| May | 788 | 730 | 395 | 344 |
| June | 692 | 638 | 394 | 375 |
| | 4708 | 4486 | 2427 | 2227 |
| Total | 9194 | | 4654 | |

The deaths for the first six months in 1874 numbered 8906, being 288 less than for the first half of this year.

Of the total number of deaths (9194) the present year, 3720 were under five years of age, and 985 were over 70 years of age; 7037 of the entire number were natives of the United States, and 1814 were foreigners. Among the principal causes of death were 1264 from consumption of the lungs; 740 from inflammation of lungs; 685 from scarlet fever; 302 from disease of heart; 258 from diphtheria; 214 from croup; 367 from debility, and 415 were stillborn; nearly one-half of all the deaths from these eight named causes.

### Philadelphia College of Pharmacy.

The graduates of the Philadelphia College of Pharmacy in New York and vicinity met June 28 and organized a Society of the Alumni of the College. The following officers were chosen: President, P. W. Lercing; Vice Presidents, W. B. Mears and T. Morgan; Secretary, W. S. Wellcome; Corresponding Secretary, Wm. Wilson; Treasury, A. J. Ditman.

### Personal.

—A volunteer correspondent at Ann Arbor learns, on good authority, that in consequence of the homœopathic complications, Prof. Sager has resigned his office as dean of the medical faculty.

—The Brazilian physician, who volunteered his services on the U. S. Steamer Lancaster, after the death of her surgeon at Bahia, was Dr. Euclides Alves Ferriera Da Rocha, Surgeon in the Brazilian Navy.

### Items.

—T. V. Harris, Health Officer at Key West, reports another death from yellow fever on Monday, and says the disease is epidemic there. The German bark Von Moltke arrived at Pensacola, June 28, with several cases of yellow fever on board, one death having occurred. She was at once placed in strict quarantine.

—Chicago is about to establish a system of floating hospitals to cure diseases by means of the pure air of the rivers and lakes.

THE

# MEDICAL AND SURGICAL REPORTER.

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## Original Department.

### Communications.

### SEPTICÆMIA.*

CAUSES—PATHOLOGICAL ANATOMY—SYMPTOMS—TREATMENT—WITH ILLUSTRATIVE CASES.

BY GEORGE HALSTED BOYLAND, M. A. M. D.

Laureate of the Leipzig Medical Faculty, Ex-Surgeon in the French Army, Medaillé; Member of the Medical and Chirurgical Faculty of Maryland, etc.

Medical science is steadily progressing with the march of time. A few years since no one would have listened to the assertion that a relation exists between lower organisms and certain forms of disease. The secretions were, indeed, admitted by the old school to contain some elements of a physico-chemical character, irritative in nature, and capable of inaugurating pathological process. But the modern view, so ably commented upon by Prof. Arnold at a meeting of this body, held April 15th, for the discussion of a remarkable paper on the "Etiology of typhoid fever," by Dr. Lynch, that there is a specific germ or poison for each morbid procedure in a large class of febrile, miasmatic and contagious diseases, is not only accepted by the most eminent pathologists of the day, but is referred by them, directly, to the presence of animal and vegetable parasites. There is abundant evidence why septicæmia should be mentioned in this connection. It has been discovered, that in all infective inflammations microzymes abound in the discharges and secretions, and that the same forms are present in the blood of infected animals. The word mycrozyme is a comprehensive one, at once embracing and identifying the zooglæa of Cohn, the micrococci of Haller, the bacterium of Wagner, the vibrio of Gamgee, and the infusoria of many other authors. Dr. Burdon-Sanderson, in a recent paper read before the Pathological Society of London, on "The Infective Product of Acute Inflammation," published in the *Medico-Chirur. Trans.*, 1873, page 354, says, "the relation of intensity between different cases of septicæmic and pyæmic infection is indicated by the number and character of these organisms." Now if the so-called germ theory, as expounded by Beale, is applicable to other infectious diseases, why should it not be to septicæmia? Especially as investigations in the laboratory have revealed, and do daily reveal, the presence of inferior parasitical forms and products in the circulation of those afflicted with blood poisoning. If, on the other hand, as Bastiân advocates, bacteria exist already in the blood vessels of healthy persons, in their alimentary canal, in the tractus respiratorius, in the mucus of the nasal and other cavities, in the ducts of the skin, in short, in many parts of the human body, and as observation proves, at the same ratio in the healthy bodies of the lower animals also, we must, then, with Lister, call our mycrozymes "carriers of infection," placed in morbid action by that cause, be it part of the human organism, or foreign to it, which "we know not of."

Let us, in the first place, draw the distinction of derivation between septicæmia and pyæmia: septicæmia, from the Greek σηπτικος and αἷμα [septic blood], partakes of the nature of an adynamic typhoid fever; or, according to

*Read before the Medical and Surgical Society of Baltimore, May 6th, 1875.

Piorry's definition, is an alteration of the blood, produced by the introduction of *putrid* matter. Pyæmia, on the other hand, is derived from the Greek πῦον and αἷμα [pus-blood], and has a special reference to the resorption of pus through the walls of the vascular system—purulent matter; at the same time a pyæmic form of septicæmia is admitted as the middle ground between ordinary septicæmia and true pyæmia; this admission, although accepted in literature, is, to say the least, questionable.

Septicæmia, septicæmic pyæmia, traumatic sepsis, infection putride, and ichorrhæmia, are one and the same thing. The causes of septicæmia are extended, severe wounds, causing mortification; wounds of the soft parts and bones, generally with, sometimes without, breaking or tearing the skin; wounds of every kind, and non-traumatic affections of various descriptions, in consequence of which decomposition of the extravasated blood, of stagnating pus, and mortification of tissue, are brought about; different affections of the bone, especially acute periostitis, osteo-myelitis; wounds of the head; puerperal diseases; the so-called cold or lymph abscesses, in suite of which the disease breaks out, for the most part, secondarily after spontaneous or surgical opening of the same. We may probably class here, at least partly, also certain forms of mortification, for instance, decubitus, as we often see in patients who are obliged to keep their beds for a long period; scorbutic mortification, mortification caused by fecal and urinary infiltration; wounds received at the dissecting table belong here; also the so-called pseudo-erysipelas of the subcutaneous, of the intermuscular and other tissues; some inflammations of the connective tissue, and in the vicinity of the salivary glands, and the severe so-called diphtheritic inflammations of the fauces and large intestine may be added as causes of this malady.

Some authors, among others Prof. Wagner, of Liepzig, mention, in this connection, the ordinary wound fever, also the so-called "Surgical after fever." It is very easy to justify the learned Professor's statement, if we take into consideration the fact that, when a wound does not heal per primam intectionem, portions of tissue die off, and the "surgical after fever," that supervenes later than the wound fever, is generally produced by pus unable to find an outlet. The so-called milk fever of the puerperal bed is considered a cause of septicæmia, by Halbertsma.* Perhaps the secondary or pus fever in the suppuration or maturation stage of variola vera belongs here; the hectic fever is included by some; by others certain diseases that are engendered by the use of foul food and drink, by the breathing of air in badly ventilated dead houses, and hospitals; the so-called hospital intestinal catarrh. Hueter says: "accordingly as the germ of septic poison lies within or without the body, we distinguish an "autocthone" from a "heterocthone" "septicæmie."

But let us not go too far. We have no right to place in this category, as has been done, several other acute non-surgical diseases, which, of uncertain origin, run a rapid course, with severe fever and nervous symptoms, ending often in death, and leaving imperfect post-mortal evidence; as, for instance, the different kinds of typhus, yellow fever, scarlet, etc. Neither are we justified in including the dissecting intestinal catarrh, although in its most severe form, which is a very excellent imitation of cholera Asiatica.† Many authors make a distinction between septicæmia and schorrhæmia; they tell us that the process in the latter is spontaneous, in the former the consequence of miasmatic or contagious agents, introduced from without. Upon this point let me name Sédillot, who writes: "Clinically speaking, we cannot distinguish septicæmia from schorrhæmia. It is not asserted or pretended by this that the two have an identity, nor that either possesses a scientific distinction." A somewhat ambiguous paragraph. Both are names for, probably, very different conditions, of the chemical character of which we know but little. And these chemical conditions, though of different variety, are of much the same nature; sufficiently so to offer a special clinical analogy. Two cases of septicæmia, out of the many that have fallen to my charge, may be interesting. The first occurred in one of the tents of the 1st Ambulance of the Army of the Rhine, to which I was at that time attached, in the capacity of Assistant Surgeon Major. Like the one that is to follow, it shows upon how slight a cause the symptoms of fatal septicæmia may supervene.

* Berl. Ctrebl., 1870, No. 25.

†A professor of anatomy in one of our leading medical colleges was last year subject to the most violent attacks of rice-water purging, with collapse. Of these he had several, from which his friends experienced great difficulty in arousing him, so great was the effect of the cadaveric poison upon his system. This gentleman was obliged to give up the chair of anatomy, and now occupies that of surgery.

A soldier of the guard had received, in the bloody and ever famous battle of Gravelotte, a slight abrasion of the skin, between the fourth and fifth metacarpal bones on the dorsal surface of the left hand. No bones were broken; and the wound was considered by M. Lefort, my chief, as but trifling. Much to our surprise, however, the wound refused to heal, became dry and torpid, the chill came, followed, with unerring certainty, by septicæmia and death, in a few days. The second case that I shall mention I was called to see through the kindness of my friend, Dr. Allen P. Smith. The patient, a lad 16 years of age, had received a very insignificant abrasion of the skin of the left heel, caused by a new boot. On the Sunday before he died he was witness to a fire that occurred in the neighborhood, at which a terrible explosion of petroleum took place, wounding severely five men. This sight was the signal for the arrival of the fearful symptoms that carried him off. That night the never-to-be-mistaken recurrent chill inaugurated the fever. The limbs, as far up as the knee, became erysipelatous. Profuse perspiration and delirium set in. Prof. Miltenberger, consulted, pronounced the case hopeless; diagnosis, septicæmia. The patient died early on Saturday morning, in mania, such as it has rarely been my misfortune to behold. The trouble in both these cases was constitutional. Some pathologists consider septicæmia and pyæmia identical; others, the majority, make the distinction, urging, as a principal reason, that true pyæmia is embolic, hence the title embolic pyæmia, septicæmia.

We now come to the next division of our subject,

**Pathological Anatomy of Septicæmia.**

The pathological anatomical condition in septicæmia (according to experiments on the animals as well as observations on man) is but slightly characteristic. Cruveilhier, Virchow, Billroth, and others equally distinguished in the annals of pathology, all agree upon one point. Never are metastatic abscesses found.* The peculiar greenish-yellow tint of the cadaver is familiar to us all, as is also the fact that putrefaction advances very rapidly. If the commencement of the disease was a trauma, we do not find, as in pyæmia, circumscribed but diffuse bloody or putrid infiltrations, of different surfaces and depths. Let us look at the blood. There exists always partial coagulation and fluidity. Placed upon the object glass of the microscope, we have no difficulty in detecting the micrococus. There is generally an acute enlargement and softness of the spleen. Sometimes (especially in the animals), there is acute intestinal catarrh, with swelling of Peyer's placques and the mesenterial glands. Small hemorrhages, as well of the serous as of the mucous membranes, are present, with occasional enlargement of the kidneys and liver. The brain, heart, lungs, etc., present no appearance that can be classed as characteristic of septicæmia.

*Symptoms.*—The symptoms of septicæmia supervene generally from three to four days after the wound has been received, in non-surgical cases at different intervals after the beginning of the disease, and are less characteristic and intense, though somewhat resembling those of pyæmia. We at first perceive that the wound refuses to suppurate, but discharges, instead, a thin, bloody or putrid secretion, which not unfrequently contains also air bubbles. Around the borders and in the vicinity of the wound, spreading sometimes to a great extent, we observe an inflammatory œdema. This œdema is of very rapid growth; a day, a few hours, may suffice to produce it and hurry the patient to his end; it constitutes thus that swift destruction of the tissues designated by the French as "*gangrene foudroyante*," "acute purulent œdema." The skin in this form of septicæmia has a peculiar reddish brown color.

Ordinary septicæmia most frequently begins suddenly, generally without, sometimes with, a chill; pyæmia always with a chill. Seldom is fever wanting. In the ordinary run of cases continued or slightly remitting fever is present, the temperature ranging from 101° to 104°, rising to this degree after first sinking. The pulse is frequent but feeble; the respiration increased; most always we find great thirst; a dry tongue; loss of appetite. The sensibilities are deadened, as in severe cases of typhoid fever, so that painful affections which would otherwise be such, are thus painless. The mania usually accompanying is, as a rule, quiet; seldom do we observe intense delirium with restless jactations, as in the second case above described. Occasionally a slight icterus comes, with or without an icterical consistency of the urine. Sometimes there is copious diarrhœa, seldom, but still it does occur, with all the symptoms of

*In pyæmia they are always found.

Asiatic cholera. The skin is, in the beginning, often covered with profuse sweat; later in the disease it becomes dry; in the second case above mentioned the sweats continued until death, when the bed was literally bathed in perspiration. The urine is scanty and dark; occasionally albuminuria is present. All the movements are without power, and a general lassitude prevails. Death arrives, often during an agony of long duration; sometimes at the expiration of a few days, usually at the end of the first week.

We ought, perhaps, to mention in this connection, puerperal fever. Cases often come to our notice which, after a few days, or sometimes, after a few hours, end fatally. Death arrived mostly soon after delivery, at times even before delivery. Chills are present, accompanied by severe nervous symptoms, high fever, and increased respiration. The autopsy gives results similar to those already described. The question whether we should class puerperal fever with septicæmia or pyæmia, here arises. Many cases of puerperal fever offer the milder septicæmic course, and perhaps as many are pyæmic. It is as difficult to class puerperal fever with septicæmia or with pyæmia, as it is to draw the line between those two varieties of blood poisoning. In rare cases death is brought on after a suppuration of long duration, in a chronic form, without the autopsy showing metastatic deposit; as, for instance, in the so called traumatic hectic, synonomous with traumatic phthisis, the pyæmic marasmus of some authors. We may then accept a chronic septicæmia.

From the foregoing three forms of septicæmia may be deduced 1. *Gangrène foudroyante*, or acute purulent œdema; 2. the ordinary constitutional septicæmia; 3. chronic septicæmia.

*Treatment.*—Of the treatment of septicæmia but little need be said. The treatment must, however, of necessity, be a prophylactic one, for the simple reason that when the symptoms of septicæmia are well defined no treatment will be of avail. The prophylaxis consists in good ventilation, a strengthening diet, and in the use of tonics, gentle stimulants. Disinfectants cannot be overestimated in this place. In cases where a wound is present, with erysipelas, the hypodermic injection of carbolic acid is recommended. The solution to be of 1½ of carbolic acid to 100 parts of water, and injected above the diseased part in different places, carbolic acid being at the same time applied locally, as advised by Dr. Munsell,* who has treated several cases successfully in this manner, which certainly commends itself to our reason as another step in the direction of preventing septicæmia and saving life. Dr. Caldwell, in one of his contributions to the literature of electrotherapeutics, informs us "that electricity destroys parasites." Assuming septicæmia to be of parasitical nature, electricity at least merits consideration in the prophylactic, and perhaps in the actual treatment of this disease, as by its means we act upon the whole general system at once. Neftel † calls attention to the fact that the electric current arrests the development of the lower organisms, thus confirming the statement above made, as to the parasiticidal quality of electrolysis. We certainly have no right to condemn electricity until we can have statistics of results obtained by experimental research in this direction. Timely operation also deserves mention in this place; yet we, not unfrequently, see, in an amputation or minor operation, the direct cause of putrid if not purulent infection. As regards the different manners of ligation-refoulement, twisting, compression, etc.; they play no insignificant role as producers of organic change. Torsion, a favorite method of arresting hemorrhage, tears the various coats of vessels, and thus must lead to modification of nutrition. Hyperæmia and inflammation are "set up," entailing, undoubtedly, the death and decay of a certain amount of tissue. Of the ligature no less can be said. In its turn it may become the nidus of destructive agency. The string of silk and linen ordinarily used for the ligation of arteries will, as does the seton, imbibe fluids from the depth of the wound; decomposition of these fluids, with the development of minute animal and vegetable organisms, will necessarily result, and a source of general infection be created. We fully agree with Dr. Weber ‡ when he speaks of the vaunted metallic ligature, as follows: "the metallic ligature is not free from objection; it produces the same constriction as the sea grass or any other ligature. There is the same laceration and destruction of tissue; small, it is true, but yet sufficient to form the basis of septic pro-

*Carbolic Acid in Erysipelatous Inflammation.—Med. and Surg. Reporter, April 17, 1875.

†Electricity in Medicine and Surgery, by J. J. Caldwell, M. D. Address before the Med. Soc. of Alumni, at Georgetown University, March 22, 1875.

‡A New Method of Arresting Hemorrhage. N.Y. *Med. Record*, May 1, 1875.

cess." But still the ligature has been used constantly since the days of Ambrose Paré, and thousands of lives have been rescued by this little thread. The actual cautery, excellent in superficial hemorrhage, is probably more destructive of tissue than the ligation; both are valuable hemostatics in the hands of the skilled surgeon, and without them we should be poor indeed. It has been our intention to consider them only so far as they may aid in producing sepsis. Death from septicæmia may be caused by apoplexy, by septicouræmic coma, by intoxication, bearing, in this respect, a certain analogy to poisoning produced by opium and other narcotics.

## AN UNUSUAL CASE OF FRACTURED OS INNOMINATA.

BY J. D. GREENAMYER, M.D.,
Of Mansfield, Ohio.

On March 10th, 1874, I was called in haste to treat the injuries of Mr. A., received, as nearly as I was enabled to ascertain, in the following manner: He was by occupation a railway employee, engaged as foreman to a gang of men. The day's work being completed, he took his position on the front end of a hand car, loaded with eight of his men, and with unusual speed started homeward. While thus speeding rapidly onward, on a descending grade, one of the party accidentally dropped his mitten, and with emphasis the foreman ordered "*down breaks*," which so suddenly arrested the speed of the car as to give him an unexpected impulse forward. Observing that he could no longer maintain his position, but was about to drop beneath its wheels, he made an effort to spring forward and to one side, when his rear foot slipped, and landed him lengthwise on his face upon the T rail. The car in almost the same instant struck the os innominata, a little to the right side. He was picked up and carried to his home, where I saw him thirty minutes afterward. Observing the gravity of the injury, I called in the assistance of Dr. O. Churchill.

The patient is a German, thirty years of age, married; having a vigorous constitution; devoid of any hereditary influences; hygiene good, and not given to excessive drinking. Upon examination, he evinced the following symptoms, viz:—Countenance pale and haggard; pulse irregular, weak, and excitable; intense pain through the pelvis, with the sensation, as he described it, of "falling to pieces;" a frequent desire to urinate; the catheter was passed without any result; the mobility of the parts was unusually free, but accomplished with great difficulty, because of the pain it created; the soft parts, aside from extensive bruises over the loins and along the right side of the sacral and lumbar vertebræ, were intact. The deformity was clearly visible, which, together with marked crepitus, revealed the nature of the injury, consisting in a fracture through the sacro-iliac symphysis, and another of the crest of the ilium, extending obliquely downward through the ramus of the pubes.

The patient was placed upon a decubitus bed, prepared by first flooring over its bottom, and then putting on a light wool mattress. The fractured parts, without much difficulty, were placed in coaptation, and a carefully moulded rubber splint, well padded, covering both loins and extending as high up as the fourth lumbar vertebra was applied; compresses being freely used, as was necessary to maintain coaptation, and the whole kept *in situ* by a heavy binder passing once and a half around the body. By this time, doubtless from the effects of some whisky, which his comrades had given him, reaction began to set in; I therefore left him the following:—

℞. Spts. mindereri,
Spts. nitre dulc., āā ℥j
Morph. sulph., gr.iij. M.

Sig.—One teaspoonful every two hours while awake.

Before leaving I again passed a No. 6 catheter and drew away ten ounces of urine, free from any traces of blood, and apparently normal.

March 11th, 8 A. M.—Pulse 86, full and hard. Passed catheter and drew off twenty ounces of urine, with a few traces of blood; tongue coated; slight nausea; bowels costive; ordered the same treatment continued, with the addition of a saline cathartic.

March 11th, 3 P. M.—Pulse 90 and very hard, respiration labored, slight diaphoresis, bowels improved and very tender. Gave warm water injections, without effect. Ordered to be given castor oil, one and a half ounces, to be repeated in four hours if necessary.

March 11th, 8 P. M.—Same symptoms unabated; pulse 96; drew off twelve ounces of urine. Prescribed ver. vir., three drops every two hours,

and a continuance of the castor oil. Also applied, freely, warm fomentations over the abdomen.

March 12th, 8 A. M.—Bowels have moved four times; pain has somewhat subsided; tongue more moist; pulse 84 and softer; perspiration free; drew off sixteen ounces urine; ordered a continuance of my first prescription, in connection with the ver. vir.

March 12, 8 P. M.—Pulse 88, and again hard; tongue dry and red; thirst great, and but little pain; continued same treatment, making free use of ice to quench his thirst

March 13.—Pulse 72; perspiration free; rested well during the latter part of the night; bowels moved once; drew off twenty-three ounces urine, entirely normal. Parts all in good condition. Ordered—

℞. Elixir iodo-bromo calcium comp.

One teaspoonful every four hours, alternating with two-grain doses of quinine, until the fever comes on, when use, instead, the sedative mixture.

March 14.—He seemed to have mostly overcome the shock of the accident, and the same favorable symptoms of yesterday continue.

Thus I attended him, with little variation of treatment, as indications required, until, the sixth week, he was suddenly taken, without any premonitory symptoms, with a violent attack of remittent fever, so prostrating him as to make the case almost hopeless. With much care, and the use of full anti-periodic doses of quinine, he, however, again rallied, and by the end of the tenth week he was taken from his bed, and permitted the use of crutches, the fractured parts having firmly united, as I have reason to believe, by bony union, and to-day he is plying his old vocation with a shortening of one-half inch of the right limb, but otherwise as strong and useful as ever.

## Hospital Reports.

### A REVIEW OF THE TREATMENT OF THE PRINCIPAL DISEASES AT THE GERMAN HOSPITAL, PHILADELPHIA.

BY ARTHUR WILLIAMS, M. D.,

Formerly Resident Physician.

This institution, though of recent origin, bids fair to hold a prominent position among American Hospitals. Many of its sister institutions can boast of greater wealth and capacity of accommodation, yet few can claim greater rapidity in general advances and improvement. Its various wards have been, from the first, well patronized, and embrace among their records the greater number of diseases common to this continent.

Patients suffering from the following diseases have been equally selected from each member of the medical staff, thus enabling us to give a review of the treatment adopted in each class of diseases.

#### Pleuritis.

Most of the cases of simple acute pleurisy were treated by a blister to the side or sides affected, during the primary stage, combined with some anodyne, generally compound powder of ipecac. Where the acute symptoms had subsided, and the effused fluid was being very slowly absorbed, a series of blisters were commonly applied over the accumulation. Any debility that accompanied or followed the disease was counteracted by tonics, metallic and vegetable, with an ample and nutritous diet, aided by other hygienic influences. If to maintain a normal healthy condition of the bowels, purgatives were required, they were used.

There were no cases of empyema admitted during our residence at the Hospital, nor do the records furnish many. The course of treatment pursued was to sustain the patient by tonics, stimuli, and hygienic influences best adapted to individual cases. In no instance was an operation performed upon the chest.

#### Bronchitis—Acute and Chronic.

In acute cases of a mild type the patients were allowed the freedom of the ward, and usually placed upon some mild diaphoretic expectorant, for example,

| | | |
|---|---|---|
| ℞. | Spirit ætheris nitrosi, | fl.℥iss |
| | Liq. potassæ citratis | fl.℥j |
| | Syrup ipecacuanhæ, | fl.℥j. |

Ft. sol.

Sig.—A teaspoonful, every two hours.

During the second stage, should the cough still remain and become harassing, with profuse expectoration, a more stimulating expectorant was used, consisting of syrup of squill and senega, with a little sulphate of morphia or hydrocyanic acid. If there was debility, the patient was given some mild tonic, with a small quantity of wine, or one of the malt liquors, at meals.

Chronic bronchitis was variously treated by inhalations and agents adapted to the general system, those of the latter class embracing chlorate of potassa, muriate of ammonia, iodide of potassium, and bromide of potassium and ammonium. In some of the cases one or more of the articles were used for a long time, in others variously interchanged, producing sometimes marked improvement, but again, no perceptible benefit. The inhalations consisted of simple watery vapor, or this variously medicated. The following embrace those formulæ more commonly used:—

℞. Tinct. conii,
Tinct. hyoscyami, āā. fl.℥j
Potassæ chloratis, ℥j
Aquæ, fl.℥iv.
Ft. sol.
Sig.—Use as an inhalation, ter die.

℞. Tinct. opii camphoratæ, fl.℥ij
Acidi gallici, gr.xvj
Aquæ, fl.℥iv.
Ft. sol.
Sig.—Use as an inhalation, ter die.

℞. Liq. potassæ arsenitis, gtt.xxxij
Tr. hyoscyami, fl.℥j
Aquæ, fl.℥iv.
Ft. sol.
Sig.—Use as an inhalation, ter die.

If the patient became weak and debilitated, tonics and a liberal diet were immediately ordered.

**Pneumonitis.**

All cases of asthenic type, when brought into the Hospital, if in the first stage, and attended by severe pain, were given a full dose of opium, or some of its preparations. If a blister was deemed requisite, which was not often the case, it likewise was at once applied, extending over a great portion of the area of diseased lung. In one case, that of a strong and vigorous youth, sixteen years old, with pneumonia of the lower lobe of the left lung, instead of the opiate and blister, or expectant plans, being followed, the ice treatment, as recommended by Niemeyer, was tried. A large bag of ice was applied over the diseased lung, and allowed to remain for three hours; this acted most kindly, removing all pain and dyspnœa at once. The ice was reapplied on the two following days, about the same hour, and for nearly the same length of time, after which the pulse resumed its normal character, and the pain and dyspnœa did not return. The case rapidly convalesced, and required no other treatment than a small quantity of wine, and a little tincture of the acetate of iron, to remove some slight debility and increase the appetite.

In no case was blood drawn, either generally or locally. If the patient required depletion, purgatives were relied upon, in preference to blood-letting. For high febrile action, large doses of sulphate of quinia, and digitalis in some form, were used. The latter article often in the shape of the following recipe:—

℞. Liq. ammoniæ acetatis, fl.℥j
Spt. ætheris nitrosi, fl.℥ss
Tinct. digitalis, fl.℥j
Aquæ, fl.℥iss.
Ft. sol.
Sig.—A teaspoonful every two hours.

Numerous cough mixtures were used to palliate the cough when it became painful and harassing. During convalescence, if the patient became debilitated, some mild ferruginous or vegetable tonic was used, combined with a liberal and nutritious diet.

Asthenic cases were put on a stimulating treatment from the first, embracing tonics, vegetable and mineral, with a nutritious stimulating diet, and if requisite, alcoholic stimulants in some form. A common practice was to envelop the whole chest of the patient in a flaxseed poultice, and cover it with oiled silk. These patients were sometimes blistered, but never when the system was in a very low condition. If the patient became very much depressed, in addition to the alcoholic stimulants, carbonate of ammonia was used by the mouth, and in combination with oil of turpentine by enema; every endeavor being made to sustain the system until nature rallied sufficiently to carry on its vital functions.

**Phthisis Pulmonalis.**

Patients suffering from this disease, regardless of its special nature, were placed under treatment and influences calculated to increase the general tone and vigor of the system. Their diet was of the most nutritious character, liberal in amount, and if the patient was very much enfeebled, it was given at short intervals, combined with a small quantity of some alcoholic drink. The malt liquors were generally preferred, provided they did not produce digestive derangements. Should this be the case, then some of the lighter wines were resorted to, and even the stronger combined, or in alternation with whisky.

One of the medical staff placed all the phthisical patients on raw beef, minced and seasoned to suit the individual's taste. Each patient received four ounces of this for dinner and supper, additional to the general diet of vegetables and bread, and while eating, was directed to drink two drachms of diluted alcohol, as prepared in the following formula.

℞. Alcohol dilut., fl.℥ij
Syrup aurantii corticis, fl.℥j
Aquæ, fl.℥ij.
Ft. sol.
Sig.—To be drank during one meal, while eating.

Cod-liver oil was used only in those cases where it was digested and assimilated. Iron, quinia, and the simple vegetable bitters, were used in various combinations in nearly every case. Where there was an abnormally high temperature, with a rapid pulse, quinia, in large doses, either alone or combined with digitalis, was resorted to, and generally with the gratifying result of a return to the normal healthy condition. Whenever the cough became annoying, various cough mixtures were used to alleviate it; also inhalations of anodyne substances, for example, tincture of opium, simple and camphorated, or tincture of conium and hyoscyami. To check the slight hæmoptysis incident to the course of this disease, reliance was chiefly placed upon inhalations of gallic acid;

should these not prove sufficient, it was then administered by the mouth. Other astringents, such as ergot, tannic acid, and acetate of lead, were used in large doses for the same purpose.

### DIGESTIVE ORGANS.

#### Gastro-enteritis.

To restrain the vomiting which was often persistent, the patient was placed at rest in the recumbent posture and given small fragments of ice, and directed to swallow them undissolved. If this did not restrain it, other agents were resorted to, such as subnitrate of bismuth and tannic acid, in powder, camphor water, oxalate of cerium, and chalk mixture. Little or no food was allowed by the mouth, the patient being sustained by nutritious enemas. By this means the stomach was placed entirely at rest, and all sources of irritation removed. To prevent purging, from the enteric complication, the patient was first given a small dose of castor oil, to remove all feculent matter from the bowel, and then a dose of opium, combined, or not, with some astringent agent calculated to restrain their action. The following formulæ were very much used:—

℞. Confectionis opii, gr.xxxvj
Misturæ cretæ, fl.℥ij
Tincturæ kino, fl.℥iij. M.
Ft. sol.
Sig.—A tablespoonful three times per day.

℞. Aquæ camphoris, fl.℥ij
Morphiæ acetatis, gr.ij
Acidi tannici, gr.x
Ft. sol.
Sig.—A teaspoonful every two hours.

In several cases, a blister was applied over the small intestines; in two instances it produced a marked decrease of all the symptoms, the pain subsiding to a great extent, and likewise the griping.

#### Dysentery—Chronic and Acute.

In acute sporadic dysentery, the patient was put at rest in bed, and given some mild purgative, either castor oil or one of the salines. After the bowels had been evacuated, a full dose of some opiate preparation was given, to restrain the evacuations, relieve the tenesmus, and procure rest. If this did not suffice, the saline was repeated and another dose of opium given. If the patient desired it, small fragments of ice were allowed him, at liberty. Injections of cold water into the rectum, though at first painful, in a short time afforded great relief, decreasing the number of evacuations, and to a large degree removing the tenesenus. If after checking the dysentery, there remained any debility, it was removed by tonics, healthy exercise, and a good diet. Those patients suffering from a chronic form of dysentery were generally much debilitated when they came under observation, and consequently required a sustaining treatment. They received a liquid but very nutritious diet, and tonics, if they were required. For the local disease of the bowel various agents and methods were resorted to. A pill of opium and nitrate of silver, containing a quarter of a grain of each, was given in most cases, for two weeks or more, but we cannot recall a single instance where its use produced any decided benefit. A powder of subnitrate of bismuth and pepsin, containing ten grains of the former to five of the latter, were often used, giving three or four per day, according to the requirements of the case. Suppositories of opium were used. They checked the evacuations for the time, and often for some time after their administration. More attention was given to improvement of the patient's general condition than to local measures.

#### Diarrhœa.

Simple diarrhœa was treated by astringents of various characters. The most simple and frequently used was chalk mixture, or this in combination with confection of opium and tincture of kino or krameria. Subnitrate of bismuth and tannic acid were also used, the latter combined with simple or camphorated tincture of opium. After the diarrhœa was stopped, the diet was regulated for some time, consisting mostly of bland and easily digested articles. If any debility remained, tonics were given until it was removed.

#### Peritonitis.

Patients with simple acute peritonitis, as soon as admitted, were put under the influence of opium, and kept so until the acute symptoms subsided. Warm fomentations were applied to the abdomen, such as warm turpentine, cloths wrung from hot water, and very light poultices. A liquid diet of milk punch, beef tea, soup, and such articles only, was allowed. During convalescence, if tonics or laxatives were required, they were used.

#### Perihepatitis.

These cases were put to bed and given eight or ten grains of calomel at night, following it in the morning by a full dose of sulphate of magnesia, or fluid extract of senna and rhubarb, in equal proportions. If necessary, the doses of calomel and purgative were repeated. A blister was generally applied over the seat of inflammation; if this did not remove the pain, the patient was given opium or chloral at night, to secure rest. If any other symptoms arose during the attack they received proper attention.

No cases of hepatitis are mentioned in the records of the Hospital, nor were any present during our residence there. Hepatic congestion, however, occurred quite frequently. This was treated by a mild course of purgatives, into which some mercurial preparation entered. A mild unstimulating diet was directed, and alcohol in every form positively prohibited. If during convalescence the appetite was much im-

paired, some one of the simple vegetable bitters were given.

NERVOUS SYSTEM.

**Cerebro-Spinal Meningitis.**

There are no cases of simple, acute, and tubercular meningitis mentioned, but several of cerebro-spinal meningitis. In the latter, ice was applied to both the head and the spine, accompanied with full doses of opium, until the acute symptoms began to subside, when ice was discontinued and the opium decreased in amount. In only one case was quinia used during the first stage. For the debility which nearly always attended and followed the disease, iron, quinia, and some of the vegetable bitters, variously combined, were used.

**Delirium Tremens.**

In those cases of the disease presenting marked hallucinations, and even delirium, the patient was given large doses of the bromides, twenty to thirty grains, three times per day. In other cases opiates, subnitrate of bismuth, and small quantities of alcohol, in some palatable form, were used, instead of the bromides. An infusion of hops was used in large doses, and with some advantage. Under its use the patient became calm, less restless, and inclined to sleep. As a stimulant to the alimentary mucous membrane, pills of capsicum, of five or eight grains, and aromatic sulphuric acid, in doses of fifteen drops, three times per day, were used.

Where the attack was dependent upon a severe and recent debauch, the treatment varied somewhat from the above. As the chief symptom to be counteracted here was cerebral congestion, purgatives and the bromides were preferable to opium. The following is a favorite purgative mixture of one of the staff:—

| | | | |
|---|---|---|---|
| ℞. | Sodæ et potassæ tartratis, | | ʒiij |
| | Spiriti ætheris nitrosi | | fl.ʒiss |
| | Extracti sennæ fluidi, | | |
| | Extracti rhei fluidi, | āā | fl.ʒij |
| | Tincturæ hyoscyami, | | fl.ʒij |
| | Aquæ menthæ piperitæ, | | fl.ʒiij. |

Ft. sol.

Sig.— A tablespoonful every two hours.

The food was chiefly liquid, consisting of soups, milk, beef essence, etc. During convalescence the patient's general condition was improved by tonics, and as much good food as he could thoroughly digest.

**Apoplexy.**

An expectant plan of treatment was followed almost exclusively in this disease. In no instance was blood-letting employed. The patients were usually brought into the hospital after the primary symptoms were over with, hence a resort to this measure was not called for. If the action of the bowels was impaired, purgatives were given at proper intervals, to remove the fecal matter. Small quantities of iodide of potassium, compound tincture of gentian, or compound tincture of cinchona, were used as placebos, and the symptoms treated separately as they arose.

**Epilepsy.**

Epileptic patients were mostly given bromides, in large doses and long continued. Some were placed upon the following powder for a long time, without intermission:—

| | | |
|---|---|---|
| ℞. | Sodæ hyposulphis, | ℈ |
| | Pepsin, | ʒss |
| | Morphiæ sulphatis, | gr.¼. |

Ft. pulv., viij.

Sig.—One after each meal.

Others, again, were put on a powder of oxide of zinc and powdered belladonna, two grains of the former to one-quarter of a grain of the latter; receiving one every three hours. The patient's general condition received proper attention; if debilitated, tonics were given, if constipated, laxatives.

**Hysteria.**

Hysterical patients were given one of the bromides in full medicinal doses; if this did not exercise a controlling influence over the paroxysms, then some one of the antispasmodics, valerian, assafœtida, or compound spirits of ether were tried. If the patient was anæmic, tonics and a liberal diet were given. All menstrual derangements were given close attention. If the patient suffered from suppressio mensium, every effort was made to establish that function by tonics, stimulating purgatives, aloetic or otherwise, hot hip-baths at every revolution of the menstrual period, and cold to the spine. The following mixtures, combining antispasmodic and purgative properties, well adapted to constipation when occurring in this disease, were used in many of the cases:—

| | | |
|---|---|---|
| ℞. | Infusi valerianæ, | fl.ʒij |
| | Tincturæ hyoscyami, | fl.ʒij |
| | Extracti sennæ fluidi, | fl.ʒij |
| | Tincturæ rhei, | fl.ʒss |

Ft. sol.

Sig.—A tablespoonful every three hours.

| | | |
|---|---|---|
| ℞. | Ext. sennæ fluid, | fl.ʒss |
| | Spt. æth. chloric, | fl.ʒij |
| | Liq. ammoniæ acetatis, | fl.ʒj |
| | Aquæ camphoræ, | fl.ʒij |
| | Syrupi auranti corticis, | fl.ʒss. |

Ft. sol.

Sig.—A tablespoonful every three hours.

**Fevers.—Typhoid Fever.**

Cases of typhoid fever, as soon as admitted, were put in bed and at complete rest. They were not permitted to get up for any purpose whatever. Their food was liquid in character, and given in small quantities at short intervals. If the patient's condition required it, alcohol was used moderately from the first, increasing the amount with the advance of the case, as

there was a demand for it. Sulphate of quinia was used in most of the cases, the amount often reaching fifteen and twenty grains per day. The following formulæ were often used for its administration:—

℞. Quiniæ sulphatis, gr.xvj
Acidi muriatici, gtt.xvj
Syrupi aurantii corticis, fl.℥iij
Tincturæ gelseminii, fl.℥ij.
Ft. sol.
Sig.—A tablespoonful every three hours.

℞. Pulvis cinchonæ, ℥j
Pulvis serpentariæ, ℥ij
Sodæ bicarbonatis, ℥j
Vini portensis, fl.℥xij.
Mix and filter.
Sig.—fl℥j, ter die.

After the disease was somewhat advanced, and ulcers were forming or formed in the bowel, oil of turpentine, in doses of ten or fifteen drops, in emulsion, was given three or four times per day, and continued into convalescence.

### Malarial Fever.

In mild cases the treatment consisted in administering sulphate of quinia, in four or five grain doses, until fifteen or twenty grains was reached, to stop the paroxysm. If this did not prove successful, then the dose was repeated once or twice more, until the paroxysm was checked. Along with, or before administering the quinia, five grains or more of blue mass were given at night, and followed in the morning by some mild aperient.

Where the case was of greater gravity, the treatment varied somewhat from that of the milder form. The sulphate of quinia was used in the same quantity and repeated as often as required. Likewise, a mild mercurial purge preceded or followed the quinia, but if there was vomiting, ice was given in small fragments, and swallowed undissolved, or the ice could be combined with, or substituted by subnitrate of bismuth. If there was much headache, the patient had ice, or a cloth wrung out of ice water, applied to the head. After the paroxysm was stopped, the patient was put on a mixture of iron and quinia, and kept under its influence for several weeks, to prevent a relapse of the disease.

### Erysipelas.

The treatment for this disease differed considerably with the individual members of the staff. Internally some gave diaphoretics, such as neutral mixture, solution of acetate of ammonia and spirit of nitrous ether. Others simply oil of turpentine, in emulsion, if there was suppression of the secretions. Iron was used in nearly all the cases, chiefly as a tincture of the chloride. A non-officinal preparation, known as elixir of strychnia, quinia and iron, was used to some extent. If the patient was constipated or had diarrhœa, either an astringent or a purgative was used as required.

As local dressings, dry cotton, flexible collodion, hyposulphite of soda in glycerine, and tincture of iodine were used.

### Rheumatism.

Several methods of treatment were employed in this disease. As a local dressing, dry cotton was often used, or this dipped in a solution or sprinkled with the powdered nitrate of potassium. Likewise, belladonna plaster and ointment were used for the same purpose, completely enveloping the joint with them. Some preference was given, by one of the staff, to the following liniment, as a local application to the inflamed joint.

℞. Linamenti chloroformis,
Linamenti saponis camphorati, āā fl.℥j
Tincturæ aconiti radicis, fl.℥j
Ft. sol.
Sig.—Use as a liniment.

The constitutional treatment addressed directly to the disease consisted chiefly of the alkaline carbonates, and bicarbonates in various combinations, either with or without colchicum, as embraced in the following formula.

℞. Potassæ bicarbonatis,
Sodæ bicarbonatis, āā ℥j
Vini colchici seminis gtt.xl
Aquæ Oss
Ft. sol.
Sig.—A wineglassful every two hours.

The bromides were used, but not very extensively. As aperients, Scudamore's mixture and the following recipe were constantly used.

℞. Potassii bromidi, ℥iij
Vini colchici seminis, fl.℥j
Extracti sennæ fluidi, fl.℥iv
Aquæ, fl.℥iij
Ft. sol.
Sig.—A tablespoonful every three hours.

Many of the patients simply had the affected portion wrapped in dry cotton, and given a mild aperient. Others, again, where much debilitated, were given, additional to this, some tonic ferruginous mixture, and its use continued until convalescence was well established.

### Scurvy.

As compared with the other diseases, but few cases of scurvy have been admitted to the Hospital. These were placed upon a full diet, consisting largely of vegetable matter. Lemonade was allowed freely as a drink. Tonics, consisting of iron and the simple vegetable bitters, were given in every case, and continued until the patient had completely recovered. If abscesses formed, poultices were applied, to hasten a separation of the sloughs, and the remaining ulcers treated on general principles.

## SURGICAL DEPARTMENT.

### Fractures.

Colles', Smith's, and Barton's fractures, all had either Bond's or Nélaton's pistol-shaped

splint applied, with or without cold compresses, according to the requirements of the case. Fractures at the middle and upper thirds of the arm were simply treated by a posterior and anterior splint, unpadded or very slightly so. In fracture of the olecranon process the anterior splint was applied and the arm kept perfectly straight or very slightly flexed. Those of the lower and middle thirds of the humerus were treated either by binder's board or leather moulded to the part, or by four wooden splints. The arm was always suspended in a sling extending down about half its length. In the upper third and neck, however, an internal straight splint or axillary pad, with a cap of binder's board, gutta-percha, or leather, were used. The arm was bound to the side or not, as the nature of the dressing required. Patients with fractured clavicle, in the dispensary service, were treated by an axillary pad and Desseau's bandage, or Foxe's apparatus, as modified by Dr. Levis. In the house, some one of the above dressings was applied, the patient put in bed upon his back, and kept there for two or three weeks. After which he was permitted to get up and go about with the arm and shoulder properly supported, until the union was strong enough to require no further aid. All fractures about the ankle joint were treated by a fracture box suspended on a frame. Those of the lower and middle thirds of the leg, embracing either the tibia and fibula separately, or both combined, were treated as in the preceding class of fractures, by the fracture box suspended, or the anterior wire splint. Where the lower third of the femur was fractured, extension only was applied, but if the middle or upper thirds and neck were implicated, simple extension alone, or the double inclined plane, with extension, were resorted to.

In all these injuries the general principles of surgery were attended to strictly, as the application of evaporating lotions or cold compresses, protection of the salient points of the skeleton by padded splints, air cushions, etc., and correction of any derangement of the natural functions.

### Contusions.

In all injuries of this class the part injured was put at rest, and if there was danger of inflammation, cooling lotions applied. If the contusion was of a grave nature, accompanied with shock and depression, stimulants were given to produce reaction, and the inflammation afterwards combated by cold applications, or depletion, if necessary. Injuries of special parts received treatment appropriate to their nature; for example, those of the chest required adhesive strips or a bandage, to place the part at rest; while in those of the head and abdomen, peritonitis and meningitis respectively had to be guarded against. If the acute symptoms merged into a chronic condition, and were inclined to linger for some time, various liniments, tincture of iodine, and friction, were resorted to, with a view of hastening recovery.

### Inflammation of Joints, with or without Implicating the Synovial Membrane.

In these cases the inflamed joint was put at rest. If acutely inflamed, cold lotions were applied, such as lead-water and laudanum, or equal amounts of nitrate of potassium and carbonate of sodium in solution. Where, however, it had assumed a chronic type, the treatment varied from that of the acute. Here cold was not urgently called for, but rather friction, with stimulant liniments, tincture of iodine, and even blisters. Alteratives, internally and locally, were used to remove inflammatory deposits.

### Sprains.

These were treated by rest, obtained from placing the limb upon a proper apparatus or in a proper position. If necessary, cold was applied. At a later stage, when the acute symptoms had subsided, chronic induration and stiffness were removed as far as possible by passive motion, friction, and stimulating applications

### Burns and Scalds.

In the greater portion of these cases, equal parts of linseed oil and lime-water, mixed, was used as a local dressing. In some few, glycerine, or mucilage of slippery elm were used. Recently a mixture of glycerine, hyposulphite of soda, and chloroform has been used several times with rather pleasing results. The constitutional treatment consisted in sustaining the patient's system against collapse by alcoholic stimulants, alleviating pain by anodynes, and if any debility followed in the latter stages, tonics and a nutritious diet.

### Abscess—Acute and Chronic.

Acute abscesses were poulticed until brought to a head, the pus evacuated, and the remaining wound treated with a simple water dressing.

In chronic abscess the patient was given tonics, a small quantity of alcohol, with nutritious food, and placed under all influences calculated to invigorate the system. After a considerable quantity of pus had accumulated, it was evacuated, either by the aspirator or a free incision. If an incision was made, a drainage tube was put in the sac and the pus permitted to drain away as fast as formed. The cavity of the abscess was washed out several times per day, with either tepid water, a solution of permanganate of potash, or a dilute solution of carbolic acid.

### Syphilis.

In primary syphilis, if chancres were present, but did not present an unhealthy appearance, they were simply treated by a lead-water and laudanum lotion. Should they require slight stimulation a solution of sulphate of zinc or copper, two or three grains to the ounce, was used. If it was sloughing and disinclined to put on a healthy appearance, or if indurated, the part was thoroughly cauterized by nitric acid, caustic potash, or some other suitable caustic.

After the eschar separated, the ulcer remaining was dressed as the preceding, or with either black or yellow wash.

The constitutional treatment depended very much upon the condition of the patient. If broken down and emaciated, he was put on a course of tonics, embracing iron in some form, more commonly the tincture of the chloride or the syrup of the iodide. Along with this tonic course, iodide of potassium was used in most of the cases, in doses of fifteen grains three times per day. If the patient's system had not been broken down, or if much lowered, had been brought up to a good standard, he was at once placed on mercury alone, or mercury and iodide of potassium combined. The mercurials most commonly used were the corrosive chloride, and green iodide. The former in doses of the one-sixteenth of a grain combined with fifteen grains of iodide of potassium three times per day, and of the latter three grains three times per day.

**Gonorrhœa.**

For the acute stage, rest and injections of lukewarm water, and the following recipe, constituted the treatment:—

| | | |
|---|---|---|
| R. | Potassii bromidi, | ʒiss |
| | Glycerin | fl.ʒijss |
| | Aquæ, | fl.ʒiv. |

Ft. sol.

Sig.—Use as an injection twice daily.

After the acute symptoms had subsided somewhat, other injections were used, such as dilute solutions of sulphate of copper and zinc, containing two grains to the ounce. Some of the staff at this stage used an emulsion of balsam of copabia internally. If there was danger of epididymitis or persistent inflammation, the patient's diet was restricted for some time, and saline purges given. Often the acute symptoms merged into a chronic form, with a persistent gleety discharge. When this was the case, the strength of the zinc and copper solutions was increased, or the injection changed for one consisting of acetate of lead and zinc, each six grains to eight ounces of water.

If epididymitis resulted, the patient was put at rest on his back, the testicles supported on a cushion, and cooling lotions applied, if there were acute inflammatory symptoms. Should the epididymus become chronically indurated and indisposed to soften, then mercury was applied locally, either in the form of the simple ointment, or of that combined with belladonna ointment, in the proportion of eight of the former to two of the latter. In place of the mercurial preparation, an ointment containing iodine was sometimes used. The following formula was one of the most common:—

| | | | |
|---|---|---|---|
| R. | Unguent iodinii, | ʒij | |
| | Extract belladonnæ, | gr.xx | |
| | Adipis, | ʒij. | M. |

Ft. unguentum.

Sig.—Apply externally twice per day.

**Bubo.**

If the bubo had not attained a large size, an effort was made to dissipate it. The patient was put at rest, and some applications made to the gland. The more common of these were tincture of iodine, ointment of iodide of lead, ointment of iodine, simple and compound, and ointment of mercury and belladonna combined. Pressure, by means of a weight or compress, was often resorted to. If the efforts at dissipation were not successful, poultices were at once applied, and after pus had formed, the gland laid freely open and evacuated of its contents. The remaining ulcer was made to heal by granulation from the bottom. If it became indolent and indisposed to heal, it was touched from time to time with crystal of sulphate of copper and nitrate of silver. If a milder application than this only was required, then a weak solution of sulphate of zinc and copper was used.

# Editorial Department.

## Periscope.

**On Diphtheritic Paralysis.**

Dr. Henoch, of Berlin, quoted in the London *Medical Record*, says:—

It is known that recovery from diphtheritic paralysis frequently takes place spontaneously if we have the patience to wait for it; and further, that electricity is often used with advantage. The following case is well calculated to prove that we may bring about a more rapid recovery if we do not leave it to Nature, but treat the malady with injections of strychnia.

Hedwig R., a girl eleven years old, came under notice [illegible] April 7th, 1874, having suffered from diphtheria six weeks previously. For three weeks there had been paralysis of the palate; the uvula and velum were perfectly motionless both in phonation and in inspiration; the voice was nasal; drink flowed from the nose; there was paralysis of accommodation of the eyes (she could not read and had double vision at a distance); there was paralysis of the muscles of the back of the neck, so that the head was bent forward and could not be lifted backward. Besides these symptoms, there was also the remarkable phenomenon which I cannot explain, namely, that when the girl was directed to close her eyes, both eyelids were seized with a twitching vibratory movement, which ceased as soon as the eyes were opened.

In other respects, nothing abnormal was to be observed. The patient had already taken quinine and iron without benefit. On April 7th, I gave the first injection of two milligrammes (about $\frac{1}{30}$th grain) of strychnia, and ordered the quinine and iron to be continued. On the 9th, a second injection was made; and on the 11th, she could hold up her head considerably better; a third injection was made. On the 13th, speech was essentially impaired; the movements of the velum were more distinctly visible, but reading was still impossible; a fourth injection was given. From the 17th, she could read; and on May 1st she was discharged completely cured. In all, one-fifth of a grain of strychnia was used. It is to be remarked, that the vibratory twitchings of the eyelids still continued after every other symptom had been removed, so that I am disposed to regard it as something purely accidental.

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### On Syphilitic Gummata.

Dr. Mundel, in Virchow's *Archiv*, gives the following diagnostic points:—

| *Cancer.* | *Gumma.* |
|---|---|
| Tumor almost always single. | Sometimes single; often multiple. |
| Tumor of any size, and generally large. | Tumor small, or at most, medium size. |
| Tumor irregular in form, not circumscribed, with indented surface. | Tumor regularly ovoid, rarely indented. |
| Tumor adherent, or rapidly becoming adherent, to the skin. | Tumor not adherent to the skin. |
| Tumor painful, lancinating pains. | Tumor indolent. |

In the stage of ulceration there are also distinctive differences between cancer and the gumma. Thus, the cancerous ulcer makes its way from the surface to the centre, is irregular, fungoid, fetid, hemorrhagic, large in extent, etc., and is very different from a gummy ulcer, which is the result of central softening, subsequent elimination of a slough, and never presents appearances resembling cancerous granulations, etc.

Condition of the Glands:—

| *In Cancer.* | *With the Gumma.* |
|---|---|
| Glands affected very rapidly. | Glands intact. |

An excellent sign, which, with very few exceptions, suffices (for a certain period at least) to distinguish cancer from the gumma.

*Treatment.* In cancer, no action is obtained with the iodides or mercurials. With the gumma, these remedies have a rapid resolutive action, with rare exceptions.

*Prognosis.* Gummata of the cellular tissue are not in general grave affections directly. Suppuration, more or less prolonged, destruction of the skin to a greater or less extent, and permanent cicatrices, are what they lead to. But gummata are grave, chiefly on account of the condition of which their presence is the evidence.

1. Gummata ought not to be removed. It is a perfectly useless operation, when iodide of potassium can take the place of the bistoury. Gummata have also been observed to return shortly after ablation.

2. The application of caustics is as useless, for the same reasons as the preceding operation.

3. Abstain from opening a gumma, even when fluctuation is present. And why? Because resolution of the gumma is possible in all its stages, even during the period of softening and when the tumor fluctuates. Examples abound where fluctuating gummata, on the point of opening, have been seen to diminish, and become absorbed under the action of iodide of potassium.

These negative precepts having been set forth, let us see what the treatment to be adopted is. It is very simple; administer iodide of potassium at once, in sufficient doses (one, two, three grammes), and in strong and rapidly increasing doses when the gumma is in an advanced stage of development. This resolves the gumma, and causes it to disappear with a rapidity truly astonishing. It resolves gummata even of the largest size.

The iodide of potassium must, in the first instance, be always prescribed by itself; this in general suffices for the cure. It is rarely necessary to combine it with mercury. The indication calling for the administration of mercury along with the iodide, only presents itself in two orders of cases: 1. Against precocious gummata when the syphilis is in an early stage, the time when mercury is most active. 2. Against gummata rebellious to other treatment.

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### Chloral as a Local Anodyne.

Dr. T. S. Dowse read before the Medical Society of London a short paper on "the Relief of Pain by the external use of Chloral." He at first referred to the fact that until within the last few days he was not aware that Dr. Dujardin Baumetz, of Paris, had largely experimented on the local use of this drug. He then showed that the local application of chloral will relieve pain, deaden sensibility, and allay reflex action when arising from irritation of the skin or mucous membrane One of its most valuable qualities as a local application was its disinfecting power, and Dr Dowes cited a number of cases of fungus hæmatodes, bed-sores and sloughing wounds, in which it had acted as a more valuable disinfectant than anything else. Many other cases were also given, illustrating the relief of pain produced by the local application of this drug, and Dr. Dowse also gave the means he adopted for its use. He uses four solutions: (1) a simple solution of four drachms of chloral, to one pint of water, (2) one with glycerine, (3) one with perchloride of iron and (4) one with chloride of zinc. Dr. Dowes concluded by remarking that the relief of pain by the external application of this agent was not effected by its absorption into the blood and by its direct action on sensory motor centres, but rather by immediate action on peripheral nerve terminations.

# Reviews and Book Notices.

## NOTES ON CURRENT MEDICAL LITERATURE.

——"The Pathology and Etiology of Pulmonary Phthisis, in Relation to its Prevention and Early Arrest," is the title of a pamphlet by Dr. E. D. Hudson, of New York. (D. Appleton & Co., publishers). He sums up the means of resisting the disease under three heads, food, chest expansion and climate. His recommendations are judicious and practical.

——"Phosphorus, its Claims as a Therapeutic Agent," is a summary of the value of this drug, by Dr. W. Mason Turner. It is compiled from various sources, and presents the subject fully. It may be obtained from Wm. Warner & Co., 154 North Third Street, Philadelphia.

——Dr. L. Duncan Bulkley, of New York, contributed an essay on the "Management of Eczema," to the Transactions of the American Medical Association last year, which has since been published separately by G. P. Putnam's Sons, New York city. It gives the formula for, and urgently advocates the use of his *liquor picis alkalinus*. For sale by J. B. Lippincott & Co., Philadelphia.

——Among the recent publications of Messrs. T. B. Peterson & Bros., Philadelphia, are the "Heart of Midlothian" and the "Highland Widow," of the cheap edition of the Waverly Novels; "Francis Hildyard," by Mrs. H. Wood, and "Dark Hollow," by Mrs. Southworth.

## BOOK NOTICES.

**Notes on Paris. By H. Taine. Translated, with** Notes by John Austin Stevens. 8vo, pp. 372.

**Art Life and Theories of Richard Wagner. Selected** from his writings, and translated by Edward L. Burlingame. 8vo, pp. 304.

**Mr. Smith. By L. B Walford. Leisure Hour Series.** 12mo, pp. 365

The above works, all published by the discriminating and energetic house of Henry Holt & Co., 25 Bond Street, New York City, are excellent specimens of their respective varieties of literature. The thorough and cynical worldliness of Taine, and his magical powers of description, are nowhere better shown, than in these notes, fathered as they are, on a Cincinnati pork packer, rich, old and bilious, who has gone to Paris to pass the fag end of his life. He has many a hit for the land in which he made his money, but he has so many harder for that where he is spending it, that we do not feel the least irritated at his bitterness. As we know he is unjust to America, we hope he is much more so to France and French society, painted, as it is, in the most repulsive tones.

As an instance of Taine's descriptive powers, we quote what he says of the Antwerp crucifixion, which "spreads out its athletic figures, its rich naked-flesh, its masses of blooming women, kneeling in silken robes, beneath their twists of pale hair." It were hard to say more in the same number of words.

The life of Richard Wagner, the famous author of the "music of the future," is told partly from his autobiography, and partly from his scattered essays. As a writer, Wagner is forcible, though not lucid. His sustained and intricate style is not unlike his music, a rich mine, but endlessly toilsome to explore. A vein of quiet humor, often a little ghastly, pervades his mind. Man, wrapped in the study of his petty pains and pleasures, in the face of the infinite universe, is such an incongruity, that it forces him to smile, in spite of fate and death. A complete catalogue of Wagner's works is given, and a plan of his opera house at Bayreuth.

The third work mentioned, "Mr. Smith," is an amusing novel, well adapted to while away the leisure of a summer trip.

**A Report of the Hygiene of the United States** Army, with descriptions of military posts. Washington, 1875. Quarto, pp. lix, 567.

This valuable work contains reports from the various posts occupied by the army, and an introductory report to the Surgeon General, by Assistant Surgeon Billings. The subjects treated of embrace the habitations of the soldier, including barracks, quarters, and guard-houses, with their appendages, the food of the army and its preparations, the clothing distributed to the soldiers, and the hospital and medical supplies furnished for their treatment in sickness. A vast amount of information, drawn from foreign sources and the experience of our own service, is given, and it is a matter of public congratulation that the country has an army medical corps equal to the solid and efficient work which this volume indicates.

THE

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D. G. BRINTON, M.D., EDITOR.

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## THE RELATIONS OF ILLEGITIMACY TO POPULATION.

The most intricate, yet precisely the most momentous of the problems of medical statistics, are those which aim to show the effect of vice on health and population. Looked at physiologically, the great duty of the race is to *continue;* the first of all the divine commands is, in this sense, also the first in importance, "increase and multiply." If we ever expect our species to grow toward perfection, we must first see to it that it will *be*. Existence is the universal postulate to all other plans for the future.

Now vice, regarded from this physical point of view, is whatever tends to depreciate the viability of the race. The command to "increase and multiply," therefore, must be construed in the light of what experience shows to be effective increase.

The mere begetting of numerous children is by no means the sense of the command. This is conspicuously illustrated by three facts:—

1. Those nations and sects which sanction polygamy are uniformly less viable than those which permit only monogamy.

2. Those monogamous nations which are loosest in sexual morals are less viable than other nations, also monogamous, of austerer virtue.

3. Those parents who have the greatest number of children transmit to their descendants less vigorous constitutions than those with fewer children.

The model which these statements set before us is strict fidelity (*du cœur et du corps*) to one wife only, and entire control over sexual passion. What they condemn is the plurality of wives, the laxity of sexual morals, and the tendency to very large families.

The second point is the one to which, at present, we would direct attention. It is known to all physicians that illegitimate intercourse tends to unproductiveness in woman. Prostitutes rarely become pregnant. This has been attributed by some to frequency of coition; by others to the admixture of semen. But it is well known that mistresses, *femmes entretenues*, partake of this barrenness. They resort freely to abortion and infanticide, and this has much to do with it. But mental causes are powerfully at work with them to prevent impregnation, and after it has taken place, to bring about spontaneous abortion. The mental and physical misery they suffer is unfavorable to gestation. If they carry the child to term, it is more apt to be still-born. In Paris, while from 1846 to 1868, of 1000 products of legitimate or illegitimate conceptions registered, the proportion of legitimate still-births varied from thirty-one to forty-one, that of illegitimate still-births varied from sixty-six to seventy-nine. This proportion, which is gradually becoming more considerable in France, is then approximately double in the case of illegitimate as compared

with legitimate infants. The excess of still-births among the illegitimate is to a certain extent due to criminal manœuvers, but also, to a great degree, to the state of destitution and misery in which gestation and labor take place among maiden-mothers.

In the same city newly-born children, registered as living, have from birth up to one year of age a mortality about twice as great when illegitimate as when legitimate. In the first year of life, from 1857 to 1865, 1000 legitimate newly-born children show a mortality of 165, whilst 314 is the figure for illegitimate children. This mortality, which is almost double, appears to be owing in great measure to the departure of the infants from their mothers; to the abandonment of these little creatures to mercenary nurses, who are more or less without breast-milk, often careless, and sometimes culpable.

In a general way, what is here shown of Paris is true throughout Europe and this country.

All of this infertility, and fetal and infantile mortality, is strictly and wholly traccable to *moral* causes; that is, it is erroneous to attribute it to illegitimate connection, *per se*, but only to illegitimate connection considered as immoral.

The truth of this is shown by the vital statistics of the Republic of Costa Rica. Hardly anywhere can be found more Arcadian innocence in sexual relations. A girl bears a child out of wedlock, and it is no reproach to her; she follows, without reproach, her fancies for the other sex. Consequently, according to Dr. Schwalbe (*Deutches Archiv für Klin. Med.*, Marz, 1875), nearly one-half the births are out of marriage (how many irregularly produced in marriage, he cannot say, *pater est quem nuptiæ demonstrant*); and these illegitimate children are as well cared for and are as viable as their relatives of married parents. Yet for all this the progressive deterioration of the Costa Ricans is obvious enough, and this freedom of intercourse saps the springs of family, social, and individual energy. Of the two evils, the condition of affairs in Paris is preferable, where at least only a part, and not the whole body politic suffers.

## Notes and Comments.

### Electric Disks and Voltaic Belts.

We have been requested to explain the difference between the electric disks of Dr. Garratt, which are advertised in this journal, and the "Armadillo" belts, soles, or chains, which we condemned a few weeks ago, as useless.

The electric disk, as we understand it, is constructed for a battery, and like a battery. It is often called a physiological battery, because the flesh and perspiration are the exciters of its peculiar current. It is made with twelve central connecting wires, running under its middle space, so connecting the twelve poles at the positive end of the disk with the twelve negative at the other end, which are insulated, the one from the other, on the face of the disks. The buttons that form both the poles and elements are soldered to rivets, which pass separately through the enameled cloth, and there are riveted fast with the direct, and as many indirect connecting wires, in such a manner that each positive pole at one end responds to any one, and to all the negatives at the other end, and *vice versa*. This produces a twelve element avalanche action, simultaneously, through shorter and longer spaces of flesh. These different lengths of wires give different degrees of resistance, and, of course, affecting different depths in the muscles and nerve cords underneath it. The greater the distance, to a certain degree, there is between the positive and the negative poles, with such a primary current, the greater and deeper the effect.

The disk being a veritable battery, generates its current at the large negative buttons, which is driven by its electro-motive force, through the flesh and nerves, to the posterior poles, and then following the main conductors within the disk, it finds the negative poles again, and so on, in a complete galvanic circuit. The direction of its electric action is lengthwise with the disk, and is capable of definite work as a therapeutic.

The method of application of the disk is also important. It is never applied around a limb; nor crosswise of muscles or nerve cords, but lengthwise, with the silver poles at or towards

the nerve roots; that is in accordance with the anatomy and physiology of the part, and so that the negative is towards the periphery of the nervelets.

Now voltaic belts, soles, chains, etc., are all made on the same plan, and are applied in the same way. Namely, pieces of tinsel metals, dissimilar, are fastened alternately together in a string. Of course there is a minute local action between any two small bits of metal, if dissimilar, that can be tasted and will affect the skin, but can go no deeper, for there is no current to act. If a hundred or five hundred such bits were fastened together in that way, or soldered in a belt or sole, there would be no more current than from the first two, because they thus neutralize each other and are not in battery form.

The application or use of bands, belts, etc., around the limbs and across the muscles and nerves, is contrary to all received electro-medical laws.

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**The Relation of Physicians to Life Insurance Companies.**

The French Central Association of physicians have passed the following resolutions in reference to Life Insurance Companies:—

1. To refuse always and absolutely to deliver any certificate or attestation whatever concerning the health of their habitual patients, even when they are solicited by the latter, and of however satisfactory a character such certificate might be. 2. To refuse also, when medical officers of companies, if they are requested by such companies, to examine their own patients, and to cause such examinations to be made by other practitioners. 3. To use all their influence with any of the companies to which they may be attached in order to obtain a revision and simplification of the list of questions that have to be replied to. But this list once adopted, every care should be taken to reply to them in the most clear manner, so as to aid the company in determining whether to accept or refuse the assurance.

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**A "Popular Health Almanac."**

As a counterblast to the innumerable quack medicine almanacs, the American Pharmaceutical Association propose a Popular Health Almanac.

The main aim of the undertaking is to counteract the demand for the thousands of vile nostrums, by giving to the consumer information on questions connected with public health, and making the pharmacist what he naturally should be, the medium of communicating this information for the benefit of the public, as well as for the advancement of his own business interests. The project can hardly fail to enlist the sympathy and support of all pharmacists who are not manufacturers of nostrums, and the energy of Dr. Hoffman, of the Chicago *Pharmacist*, if he will consent to act as editor of the Almanac for a number of years, will give and preserve for it a high character and lasting usefulness.

The recommendation of a series of prescriptions adapted to popular use, to be placed in the hands of heads of families, was long since urged in the Reporter as the true means of lessening the consumption of nostrums.

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**Means of Transporting Invalids.**

The use of hammocks or swinging beds, for the comfort of invalids who are obliged to move from one place to another, should become more general. By proper spring adjustments at the two ends, the patient may escape all shock or jar. A freight car may be engaged, or, if the cost of the journey can be borne, a palace car. Such a low frame as is used for a child's suspended crib could be used. Perhaps a crib on springs, without the swinging or rocking feature, would be better still than a cot. Twine hammocks for the purpose are manufactured in London. The points of suspension are nine or ten feet apart, and the patient is placed in it with the feet toward the engine.

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**Inoculation of Varicella.**

Professor Steiner, of Prague, has lately performed inoculation of varicella in several cases, and has arrived at the following results: The experiments were undertaken in consequence of the opinion being still held by some that varicella is only a modified form of variola. 1. The contents of the varicella vesicle are inoculable. Of ten cases of inoculation, eight were successful, and two failed. 2. After inoculating varicella, varicella, and not variola was always produced. 3. In all the children that were successfully inoculated, the stage of incubation was eight days. 4. In four cases, the general health of the children remained unchanged during the period of incubation, and the eruption of varicella vesicles appeared suddenly,

without any premonitory stage. 5. In four cases, a distinct prodromal stage, of four days' duration, was observed; the symptoms being, rise of temperature and increased frequency of pulse, with distinct exacerbations in the evening and remissions in the morning, restless sleep, dullness, loss of appetite, and redness of the mucous membrane of the mouth and fauces. 6. The greatest rise of temperature—when it occurred—generally coincided with the eruption. 7. Defervescence was generally rapid and complete; intercurrent rises of temperature in rare cases attended the appearance of fresh vesicles. 8. Vaccination had no influence whatever on the form of the exanthem. Of the eight children successfully inoculated, five had been vaccinated, and three had not. 9. Varicella does not protect from variola. Dr. Steiner saw a child die of confluent small-pox fourteen days after an attack of varicella.

### The Oriental Leprosy.

Dr. Carter has been sent out by the British Government to study this disease. He found little or none in Algiers, Tunis, or Greece proper, but plenty in the Archipelago, where the disease is probably spreading, and is severe enough. Asylums are provided here and there, but the Turkish Government take literally no trouble about the matter. Dr. Carter met with no new observations tending to throw light upon the nature or the cause of leprosy. He was impressed with the necessity of carrying out a special study of the disease at all stages, and especially in reference to its pathological condition. India is, *par excellence*, the field for such work. Sooner or later, facts showing light upon the genius of the disease must be forthcoming to the display of scientific acumen and diligent investigation; meanwhile the segregation of the leper is said to be the most effective and humane *régime* under which the sufferer can be placed, and it offers the best opportunity for affording that alternative which recent observation had shown to be possible.

### Salicylic Acid.

Salicylic acid, if heated, is converted into carbolic acid and carbonic anhydride, and there seems to be a wonderful chemical reaction between these two substances, *i. e.*, carbolic acid and salicylic acid; thus either of them can with facility be formed from the other.

The salicylates only require one equivalent of oxide to convert them into carbonates, and carbolate of the metal, thus:—

| Salicylates. | Phenate. | Carbonate. |
|---|---|---|
| $C_7 H_3 MO_3 + M_2 O = C_6 H_5$ | $MO +$ | $M_2 CO_3$ |

And if we use dilute solutions, we get the same reaction with reagents. Thus, ferric chloride gives the same beautiful violet reaction independently if we use a carbolate, sulphophenate, or salicylate; it acts in each case upon the carbolic or phenol residue.

From the experiments of Kolbe, Thiersch, and others, it would now seem that salicylic acid is one of the most powerful antiseptics known, and therefore my observations are now confirmed by these experimenters. Professor Thiersch proposes a powder of it used with starch, for cancerous surfaces or unclean wounds. Although easily crystallized from alcohol or hot water, it is very insoluble in cold, and for antiseptic treatment of wounds, three grains will dissolve easily in the fluid ounce of glycerine when warmed, and will remain permanently dissolved. Dr. Tichborn thinks the salicylate of lead $C_7 H_4 PbO_3$ will be found a valuable salt for medical uses.

### A New Form of Spectacles.

A London oculist has devised a new kind of spectacles, to prevent snow blindness—we suppose for use by the members of the English Arctic expedition. They are made of ebonite, and are tied on the head by a velvet cord, the object being to do away with iron frames, which become intensely cold in the Polar regions. The spectacles somewhat resemble two half walnut shells fastened over the eyes. The wearer sees through a small slit in front of the pupil of the eye. The sides of each eye-box are perforated with minute holes, in order that the wearer may get a side view of objects. These "snow spectacles" are said to be very agreeable to one with weak eyes, who desires to read by lamp or gaslight.

## Correspondence.

### Hypodermic Medication.

Ed. Med. and Surg. Reporter:—

Seeing hypodermic medication assailed, in some of our medical journals, as dangerous and unwarrantable, I deem it the duty of those who have good reasons for believing the contrary

to come to its defense. With proper care in its use, no danger need be apprehended from it.

Occasionally troublesome abscesses result from it, but they are trifling in comparison with the good accomplished by it.

I am far from advocating the indiscriminate use of the hypodermic syringe. I commend its use when it is necessary to obtain a speedy remedial effect; when it is difficult or impossible to administer medicines per vias naturales, and in those cases when experience has shown that the local application of a remedy is followed by better results than when introduced into the system by mouth or otherwise.

For the relief of the horrible sufferings of tetanus, tic-douloureux, and other neuroses, the hypodermic administration of morphia and other anodynes is of great value. Fixed rheumatic and neuralgic pains, unattended by inflammation, may in many instances be dispelled, never to return, by injecting morphia or chloroform directly into the part affected.

I will relate a case wherein hypodermic injections of morphia were used, with signal benefit to my patient.

Mrs. R., aged 28, a delicate, nervous lady, about the beginning of the sixth month of her first pregnancy, began to be troubled with vomiting and false pains. The usual remedies failed to give relief. In a short time, her condition becoming alarming, from the incessant vomiting of all ingesta, and violent contractions of the abdominal and uterine muscles, one-sixth of a grain of morphia was injected into her arm. In a few minutes she was relieved and slept. Almost every day excessive attacks of vomiting and pain came on, which could be controlled alone by morphine thus administered, never giving more than one-fourth of a grain, but some days having to repeat the dose. This treatment was kept up until her term arrived, when she was safely delivered of a living, well-formed child, which, though small and badly nourished, became healthy and plump in three months from its birth. The mother's health was speedily restored.

In the last stage of pernicious intermittent or congestive fever, the patient sinks into a state of coma, with inability to swallow. This condition is seldom recovered from. I have seen several patients recover from this state, and get well, after sulph. quinine had been freely injected, hypodermically. Two patients whom the writer did not see, and for whom nothing had been done until they were in coma and unable to swallow, yet recovered after being purged with croton oil, blistered and injected hypodermically with quinine in large quantities. It may be said that their recovery should be credited to the purging and blistering, but in this dreaded form of malarial fever, in my humble opinion, no remedies can be relied on, except quinine and its cognate alkaloids. So great is the danger here that no time should be lost. Quinine in large doses should be given, regardless of the stage of fever and condition of the patient. All other treatment is regarded as only auxiliary.

In a case of traumatic erysipelas of the arm of a stout, healthy, middle-aged man, whom I treated a month ago, in spite of the use of the remedies in common vogue and the free evacuation of pus by repeated incisions, the inflammation continued to increase in intensity, and to spread, until the whole of the limb was involved.

Around the shoulder, at the distance of an inch from the line of inflammation, I injected, at six points equidistant from each other, a solution of pure carbolic acid, two to two hundred. This was done on the tenth day of the disease, when the patient was seemingly in a critical condition, pains intense, insomnia, a feeble intermittent pulse, and fever of low grade. In a few hours after the injection of the carbolic acid, these unfavorable symptoms began to abate, the inflammation ceased to spread, and soon he was convalescent.

W. M. Richardson, M.D.

*Jeanerette, La.*

## News and Miscellany.

### Personal.

—Dr. Kuntz, of Berlin, has left that city for San Francisco, to superintend the erection of a naval hospital, which the Government has decided to build in that city for use by its squadron in the Pacific Ocean.

—Dr. Charles A. Quinn, of Tacony, was drowned while bathing, July 3d.

—Dr. H. A. Buttolph, the Superintendent of the New Jersey Asylum for the Insane, has been selected, and confirmed, Superintendent of the Morristown Asylum.

### Items.

—The "Peculiar People," a sect who do not believe in doctors and medicine, but leave all classes of sickness to the care of praying people, have leased a large house in London, which they intend to use as a hospital under their system. They call it a "House of Faith."

—Among the young ladies who are attending the course of lectures in the St. Petersburg Academy of Medicine this year, are two Mohammedans, who have completed their preliminary studies in a school at Odessa.

### The Yellow Fever.

—Prominent medical and other officers of the navy, who have some knowledge of the yellow fever, its course and treatment, believe that it would be wise for all the Southern cities on the Atlantic coast to enforce stringent sanitary rules at once, as the early appearance of the disease at Key West is an indication that it may spread along the coast this summer.

—A quarantine of ten days has been established at New Orleans, against vessels from Key West.

### Medical Service to Railroad Employees.

—A curious law suit has just been finished in Chester county. Dr. R. B. Matlack sued the Pennsylvania Railroad Company, to recover a bill for medical attendance upon a painter in the employ of that corporation. When the man was hurt, he was taken on a train to his home, and the plaintiff was sent for. The order was given to a boy, by the injured man, to summon the physician. The order was repeated and enforced by the conductor of the train. The plaintiff alleged that he went upon the faith of the company and at the call of the conductor, their agent. The conductor testified that he had authority from the company to call in a physician at the expense of the company, but only in cases of accidents happening upon his own train; that this accident had happened otherwise, and that he had not summoned the physician. The Court instructed the jury that the defendants were not liable.

## QUERIES AND REPLIES.

### Professional Privileges.

In regard to the article on page 502, of the 19th June number of the REPORTER, on "the question of Professional Privileges," please allow me to ask if *you* think Dr. T. ought to be censured for stating the nature of this woman's disease, under the circumstances in which he did so? Please answer in the next number of the REPORTER, under heading of "Queries and Replies," and oblige. R. K. T.

*Answer.* In the case in question, the nature of the disease was asked by defendant's lawyer. The physician should have declined to reply unless ordered by the court to do so. EDITOR.

### Abscess of the Hip.

MR. EDITOR:—Could you direct me to a sure cure for abscess of the hip? The cavity is 9x10 inches, has been open over three weeks. Tubercular diathesis; very indolent character of the parts just now; sanious discharge. W. L. G.

We would suggest the carbolic acid treatment in such a case; or the local use of bromine. EDITOR.

*Dr. D. T. M., of Ill.*—Solberg Wells on the Eye, is an excellent work for the general practitioner.

*Dr. W. H. C., of Ill.*—Neither we, nor any whom we personally know, can speak from personal experience about the forceps you mention. Apply to the inventor for references.

*Old Subscriber.*—The letter you refer to will be commented upon next week.

*Dr. L. K., of O.*—All periodicals with which we commute are sent from the *office of publication.*

## MARRIAGES.

ANDERSON—HEUFFMAN.—On Tuesday, the 15th inst., at the Gibson House, Cincinnati, Ohio, by the Rev. W. T. Moore, Samuel Anderson, M. D., and Mrs. Kate C. Heuffman, of Louisville, Ky.

CONRAD—DYSART.—At Altoona, Pa., on June 24th, by the Rev. S. M. Moore, of Tyrone, Pa., assisted by the Rev. E. R. Beadle, D. D., of Philadelphia, S. J. Conrad, M. D., of Johnstown, Pa., and Annie Dysart, of Altoona.

ELDRED—CLENDENIN.—Near Trout Run, Pa., on the 15th inst., by the Rev. H. G. Finney, John E. Eldred, M. D., of Lock Haven, Pa., and Cordie Clendenin.

FITCH—REED.—On the 8th inst., at the Church of the Saviour, West Philadelphia, by Rev. Enoch Reed, assisted by Revs. J. H. Eccleston and J. G. Burton, George D. Fitch, M. D., and Miss Anna V. Reed, daughter of the officiating clergyman, formerly of Virginia.

FOSTER—BICKNELL.—Thursday, July 1st, 1875, at the Anthon Memorial Church, by Rev. R. Heber Newton, Dr. John P. C. Foster, of New Haven, Conn., and Josephine, daughter of Joseph L. Bicknell, of Riverdale, New York City.

HALL—SANGER.—At Syracuse, New York, on June 24th, by the Rev. A. H. Fahnestock, Arthur S. Hall, M. D., and M. Olivia Sanger.

HAWKINS—SHRIVER.—At the Lebanon Church parsonage, Alleghany county, Pa., on June 24th, by the Rev. Samuel S. Shriver, assisted by the Rev. John McCluskey, D. D. John W. Hawkins, M. D., of Baltimore county, Md., and Annie Hampton, daughter and granddaughter of the officiating clergymen.

MCILVAINE—ESHLEMAN.—On June 24th, 1875, at the residence of the bride's parents, Glen Isle, Downingtown, Pa., by the Rev. Dr. Morton, Elizabeth, daughter of Dr. J. K. Eshleman, and A. Robinson McIlvaine, of Philadelphia.

MITCHELL—CADWALADER.—On Wednesday, 23d inst., at 2 o'clock, by the Rev. Phillips Brooks, at St. Stephen's Church, Mary, daughter of the late General Thomas Cadwalader, and S. Weir Mitchell, M. D.

PARRY—HAINES.—On Wednesday, the 16th inst., at Hainesport, N. J., by Friend's ceremony. Dr. William Parry, of Mount Holly, and Mary, daughter of Barclay Haines.

RICHARDS—ANDERSON.—On the evening of June 24th, by Rev. J. Hepburne Hargis, at the Park Avenue M. E. Parsonage, in Philadelphia, Charles H. Richardson, M. D., and Miss Elizabeth, daughter of the late James Anderson, Esq., all of Delaware.

SANDS—HAYDEN.—On Thursday, June 17th, at the residence of the bride's parents, by Rev. Dr. Samuel Cooke, Dr. Henry B. Sands and Alice H. Reamey, daughter of Peter Hayden, Esq., all of New York.

SEEGAR—COOK.—On Sabbath evening, 13th inst., at the M. E. Church, Fairmount, Cincinnati, by Rev. A. D. Raleigh, assisted by Rev. Dr. Hoyt, Mr. T. Seegar, M. D., and Miss Clementine C. Cook, all of this city.

## DEATHS.

HALL.—Suddenly, on Wednesday evening, June 23d, Mary Emma, wife of Dr. George W. Hall.

MOORE.—Suddenly, of pneumonia, on Tuesday, June 29th, at No. 162 West Twelfth street, Richard Hoffman Moore, M. D., youngest son of the late Dr. Samuel W. Moore.

SMITH.—Thursday morning, June 17th, Sarah, wife of Andrew H. Smith, M. D., and daughter of the late William Davison, of this city.

THE

# MEDICAL AND SURGICAL REPORTER.

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## Original Department.

### Communications.

### SPERMATORRHŒA.

BY G. B. H. SWAYZE, M.D.,
Of Philadelphia.

The disease known by the title of this paper is a condition of the sexual organs in which occur unsolicited or involuntary emissions of the seminal fluids. When these discharges occur at night, as an accompaniment or result, for instance, of lascivious dreams, they are termed nocturnal emissions; when they occur during the day, either from incidental amative emotion, or from voluntary muscular effort, as in the evacuation of the bladder, or straining at stool, they are denominated diurnal emissions. In serious, confirmed cases of this disordered state, there are usually both diurnal and nocturnal losses. As the seminal secretions consist largely of the most vital elements of the blood, their excessive and protracted loss, whether voluntarily or involuntarily produced, can but prove injurious in its effects, and, sooner or later, undermine the physical and mental stamina of the victim.

The circumstance that the pathology of spermatorrhœa receives very limited attention, and the disease is so seldom treated by a large proportion of general practitioners, added to the generally-admitted fact that the complaint is peculiarly and specially difficult to manage, afford reasons to believe that this serious and prevalent disorder is entitled to far more professional consideration than it receives. The mysterious sympathy and interest woman almost universally inspires in the cultivated medical practitioner secure to her his earnest and patient study of the nature and means of relief of all the diseases of her sexual system, while the equally unfortunate sufferer of the male sex is comparatively neglected in this frequently distressing complaint.

The testicles, vasa deferentia, seminal vesicles and ducts, and prostate gland, are the special organs concerned in the production of the spermatic fluids, and each contributes towards the whole its proportion of individual secretion. The fecundating portion of the semen, containing the spermatozoa, is produced in the tubuli of the testes, and constitutes less than one-fourth of the entire spermatic secretion, as it appears at the time of its discharge from the urethra. Nearly two-thirds of the seminal fluid is the secretion of the vesiculæ seminales; while the prostatic secretion is nearly equal to the testicular. The proportions may be greatly varied by conditions of irritation in the different structures. While want of space here prevents a consideration of the characteristic differences and offices of the component parts of the mass of the semen, it is important that attention be directed to the circumstance that different portions of it are produced by different organs, one or more, or even all of which become disordered in spermatorrhœa, and should respectively receive attention in the treatment of this usually complicated disease.

After the age of puberty in man, the secretion of semen, and, from a plethoric condition of the seminal vesicles, its occasional loss, is a natural condition, consistent with the estate of healthy manhood. If there be no indulgence in sexual pleasure, the seminal vesicles may become suf-

ficiently engorged by gradual accumulation to induce the mental reaction of an erotic dream during sleep, resulting in an emission of semen. As a rule, no injurious effects could result from the occurrence of this event once or twice a month, unless the individual sustained injury through the operations of his imagination. The danger of this would be greatly increased if he should happen to read any of the catchpenny publications of advertising quacks, who, for pecuniary profit, paint pictures of horror with which to alarm every youth and man that may be, or suspects he may be, the subject of seminal emissions. In a healthy state of constitution, if the desire be genuinely urgent, and the act prudently infrequent, the effects of congenial coition are believed to be beneficial; there is increased disposition to physical and mental activity, the spirits are exhilarated, the moral atmosphere is cleared from the contamination of erotic visions. So, also, an occasional involuntary emission, the result of simple repletion, though far less salutary than natural association hallowed by love, may tend to prevent a plethoric condition of the system, diminish salacious occupation of the imagination, and promote a vigorous, elastic tone of both mind and body. But if these discharges, though infrequent, and not the result of any diseased condition, produce in the mind of the individual morbid apprehensions, convictions that he is the victim of a miserable complaint which will impair the integrity of his nervous system, ruin his health, and destroy his virility, they become, through the operation of his imagination, prolifically pernicious in their effects, inasmuch as they poison the mind, degrade the self-esteem, depress the spirits, unhappify the life. Marriage is the most rational, as well as the most speedy cure in such cases; for, in reality, no disease exists, except in the mind, and the results of proper conjugal association will prevent the manifestation of involuntary emissions from mere repletion, thus relieving the mind from the injurious effects of their annoying appearances.

By sympathetic excitement, or by extension of irritation from the diseased seminal vesicles, the prostate gland may become the seat of exalted activity, resulting in augmented secretion of prostatic fluid, which, appearing at the urethral meatus, after the mind has been engaged, from any cause, in amorous contemplation, or after an ungratified erection, or during the act of moderate straining, often causes the individual affected to fear he is a subject of spermatorrhœa, and in a fair way to reap the pictured terrors of multiplied evils. Persons who particularly observe these comparatively harmless appearances, and, on account of them, become depressed and melancholy, are specially fitted to be victimized by the chicanery of the charlatan, and often expend large sums for the cure of imaginary disease.

A disordered condition of the prostate gland, appropriately denominated by Prof. Gross, "Prostatorrhœa," is a usual accompaniment of spermatorrhœa, if, indeed, considering the intimate relation of the prostate to the other organs concerned in the production of the seminal fluids, it is not a constituent of the latter disease. Frequent discharges of prostatic fluid alone, though essentially less injurious than when accompanied by spermatozoa from the testes, may, nevertheless, by occasioning undue mental anxiety, interfere with the happiness and impair the health of the individual. Under the apprehension that the discharge is truly seminal in character, and a source of degradation, the man suffers in disproportion to the gravity of his complaint. A cure in such cases must be largely accomplished through the medium of the patient's mind; for unless a decided change in his mental impressions be effected, general treatment and local remedies will afford but limited relief.

The relations existing between the cerebellum and the testicles are intimate and reciprocal. The activity of the testicular secretions depends upon the brain and nervous system. Hence, in sexual abuses and spermatorrhœa, not only the seminal organs, but the brain also, becomes the seat of disordered condition. The cerebral complication is indicated by dizziness, heavy or compressed sensations in the cerebellum, confusion of ideas, impaired memory, loss of will-power, involuntary reveling of the imagination in erotic and voluptuous abstractions, perversion of thought from the higher to the baser channels of contemplation, incapacity to sustain assiduous application of either mind or body, moroseness, despondency, melancholia, chorea, epilepsy, dementia, insanity. One or more of these cerebral symptoms will be prominent in nearly every case of spermatorrhœa.

But while it is true that testicular secretion is directly influenced by the brain, and that the secretions of the vas deferens, seminal vesicles,

prostate gland, etc., are accessory products, and rapidly augment under the stimulation of pleasurable sensation and testicular activity, it is also true that any excitement or irritation of these organs react upon the brain; that the relations and functions of brain, spinal cord, and sexual organs are co-ordinate; and hence, the tendency of spermatorrhœa is to perpetuate itself, because all the effects of the disease constantly favor an aggravation of the causes of the disease. It is a physical, a mental, and a moral disorder combined. Consideration of this fact must be ever kept in view in its treatment.

The mental aspects of the subject are of paramount importance. In this connection the words of Maudsley, ("Body and Mind,") apply with pertinence. He says "Perhaps we do not, as physicians, consider sufficiently the influence of mental states in the production of disease, and their importance as symptoms, or take all the advantage which we might take of them in our efforts to cure it." Again, this author says: "Assuredly the most successful physician is he who, inspiring the greatest confidence in his remedies, strengthens and exalts the imagination of his patient." In the whole catalogue of diseases there is probably none that will so injuriously prey upon the mind of man as a disorder of his sexual system; and there is none for the relief of which the physician so much needs the co-operation of proper mental impressions on the part of the patient.

If, without special provocation, unsolicited emissions of semen occur oftener than once or twice a month, it is pretty conclusive evidence they result from some abnormal condition. The causes of spermatorrhœa are numerous. For convenience, I will simply denominate them lesser and greater. Among the lesser causes may be mentioned hereditary and congenital predisposition, cerebellar influences, exalted sensibility, depressed health, muscular relaxation, cystic irritation, constipation, ascarides, certain cutaneous eruptions. But the great, predominating causes of spermatorrhœa are masturbation and excessive sexual intercourse.

In certain sanguineo-nervous, excitable temperaments, with full developments of the posterior brain, there exists a powerful constitutional propensity to sexual excitements. There is in these persons a manifestly inherent disposition of mind to dwell upon erotic ideas, to find agreeable excitement in the perusal of works of passion and sensuality; there is, also, an inordinate and disturbing susceptibility to the natural fascinations, and a yearning for the associations of woman. A natural consequence of this constitutional condition is an exalted activity of the sexual organs, with a corresponding increase of involuntary emissions from repletion, unless they are prevented by sexual gratification in either a natural or unnatural manner. These emissions, through continued excitement, by the establishment of *habitual* evacuation of the seminal vesicles, and the dilatation or relaxation of their ducts, may result in confirmed spermatorrhœa. Persons in whom the orifices of the ejaculatory ducts are congenitally large, and those in whom the muscular tissue is naturally soft and yielding, are prone to seminal losses. Cystic irritation, especially at the neck of the bladder, by both continuity of surface and reflected excitement, may readily increase seminal secretion and involuntary emissions. In constipation, the rectum is usually in a distended, congested, irritated, abnormal condition, which, through proximity to the seminal vesicles, induces in them and their associate organs sympathetic excitement and involuntary seminal losses. The annoying irritation caused by ascarides in the rectum may, in a somewhat similar manner, produce similar results. Itchy cutaneous eruptions, like prurigo, when located upon the genital organs, may occasion seminal emissions, through sympathetic excitement of the seminal organs. Irritation of the prepuce and glans penis, from uncleanly accumulations caused by phimosis, may also induce seminal discharges. In self abuse and excessive venery, the congestions induced in the seminal organs cause an irritated condition of one or more of them, and, by the continuance of the provocation, this condition advances to an established, chronic state. Under the existing conditions of exalted sensibility, the susceptibility of the amative passion is abnormally increased, and, goading the sexual desires of the devotee of pleasure to a corresponding extent, he seeks relief in yet more immoderate gratification, by either a natural or unnatural mode, according to the peculiar proclivity and facilities in the case. The exorbitant tension of the nervous system under the excessive orgasms, and the exhausting discharges of seminal secretions, result in a depression and relaxation of the nervous and

muscular systems. Amid this generally impaired condition a loss of muscular tone in the ejaculatory ducts becomes an almost certain concomitant, and while the abnormally exalted sensibility enhances the secretion of spermatic fluids and the consequent filling of the seminal vesicles, the weakened state of the ducts offers diminished resistance to their evacuation. From this condition it is but a step to that of subacute chronic inflammation of the seminal organs, wherein the patient is annoyed by a peculiar soreness of the affected parts. This soreness, however, usually, neither diminishes his abnormal susceptibility to amorous desires, nor causes him to avoid the excesses that have induced it.

In some instances, so far as the patient's observations have extended, the engorged, inflammatory condition appears never to have transpired; but a gradual loss of pleasurable sensation, and even of the power of erection, evince the fact that overtasked and wearied nature has been forced into functional bankruptcy, so far as this masculine attribute is concerned. In these cases, the seminal fluids are thin and impoverished, the nocturnal emissions insensibly occur, the diurnal losses almost unconsciously dribble away when at the water-closet, and sexual desire is frequently so enfeebled that erections are either impossible or so transient that coition is impracticable. He is impotent.

A specific form of treatment, however excellent in itself, cannot be equally well adapted to the relief of all cases of spermatorrhœa. The primary causes, the sustaining causes, the conditions of the general system, all the influences that relate to the disease, should have consideration in its management. It is not the purpose of this paper to recount the treatment of the authorities, but to confine the hints herein given to the limits of the professional observations of the writer.

It should be borne in mind at the outset that a total suppression of the functions of the seminal organs must not be expected. In the state of marriage, whenever a certain distention from accumulation attains, causing desire, gratification is sought, resulting in consequent evacuation of semen. Under these circumstances, the seminal vesicles are habitually emptied, instead of being educated to retain under the provocation of distention. Hence, when from any cause such individual becomes deprived of the accustomed gratification, symptoms of spermatorrhœa may be expected to appear, even though there be no disease whatever of the seminal organs. In the unmarried, where, from causes more or less apparent, there has long existed an habitual activity of the seminal organs, it will be quite impossible to entirely prevent seminal discharges. Again, while the testicles and seminal vesicles retain their functional integrity, although all the causes of spermatorrhœa be removed, all improper habits abandoned, and all diseased condition relieved, it should not be expected that the natural, habitual secretory action will be entirely suppressed, and that no seminal discharge will in any manner appear. It therefore becomes necessary to endeavor to relieve the patient's mind from all morbid anxiety in reference to the emissions; to impress upon him that beyond the frequency and circumstances of them, and properly attending to all instructions for their relief, they are to find no place in his thoughts; to teach him to discipline his mind to follow pure and healthy channels; to inspire him with cheerfulness and confidence; to enable him to realize that he may become master of the erotic passion, instead of the passion being master of him.

Carpenter, in his "Physiology," truly says, "the sexual secretions are thoroughly influenced by the condition of the mind." Though this observation was made in reference to effects resulting from the mind being strongly directed towards objects of passion, I believe a similar effect may result from the habitual contemplation of disordered seminal manifestations; hence, for the relief of spermatorrhœa, occupation of the patient's mind in a direction entirely opposite to that of the disordered condition is specially beneficial.

In a mild form of the disease, the emissions being rather infrequent, and no particular tenderness of the seminal organs, but the brain and mind somewhat unduly involved, congenial marriage promises very satisfactory results. In such cases, moderate gratification in the connubial relation prevents plethora in the seminal vessels and involuntary emissions, relieves and balances the brain and nervous system, and cools the imagination, while the welfare and happiness of wife and family afford objective interests of salubrious character. But it should be impressed upon the mind of the patient that while a moderate indulgence in the privileges of the conjugal relation may operate as a com-

plete corrective, an abuse of those privileges must inevitably aggravate his infirmity.

In all cases requiring medical interference, an examination of the testicles and vas deferens should be made, in order to ascertain if there be any special tenderness of these parts. A careful exploration of the entire urethral canal should then be gently made, for the purpose of learning what degree of sensibility may exist in any part of the same. For this purpose, a moderately flexible, well-oiled bougie is the proper implement. Sometimes the entire urethra will be found so painfully tender that a complete examination will be with difficulty obtained. In other cases, there will be a peculiar absence of sensibility. In the majority of instances, however, the membranous urethra will be found acutely tender, especially in the region of the orifices of the ejaculatory ducts and the prostate. This condition may also extend into the neck of the bladder. On withdrawing the bougie, there will sometimes be found upon it, near its extremity, a shred of inspissated mucus, tinged with blood. This appearance indicates the existence of a highly inflamed, or abraded spot in some part of the membranous urethra.

The next step is the introduction of local applications. For this purpose solutions of the sulphate of zinc have been the most satisfactory in my hands. I have also found advantage from the use of nitrate of silver, sulphate of copper, and tannin and glycerine; but feel less confidence in their results. Of the use of the solid nitrate, so much lauded by Lallemand, I have had no experience; but believe its indications extremely rare, its utility doubtful. The "antiphlogistic touch" of solid nitrate upon the inflamed surface of the membranous urethra, a structure specially important in its relations to the bladder, seminal ducts and prostate gland, and altogether invisible to the eye of the operator, is a problematical proposition, at best.

I employ the zinc in solutions of varying degrees of strength, from one grain to four grains to the fluid ounce of water, using the weaker when the sensitiveness of the urethra is acute, and the stronger when there is absence of sensitiveness. In the former condition the seminal losses are undoubtedly aggravated by the excess of sensation; in the latter, by relaxation and atony; in the former condition the object of the application is to cool, soothe, reduce inflammatory action; in the latter, to stimulate and tone the relaxed atonic structures. Having made a solution of the strength desired, I charge a Mattson's elastic syringe with the same; then introduce a gum catheter of medium size to the membranous urethra, pausing at the point of greatest tenderness; a small tube of the syringe is then firmly inserted into the free end of the catheter, and the wash slowly, gently introduced. If the irritation has invaded the neck of the bladder, the catheter may be advanced to that location during the introduction of the application. The bladder should not be entirely empty at the time of making the injection, so that, should any of the solution escape into that organ, its action will be immediately annulled by mixing with the urine. The undersize of the catheter used favors the free escape of the solution upon its outside. As there generally exists a hypersensitive state of the entire urethra, and the solution having lost some of its strength by coming first in contact with the parts most diseased, benefit results from the washing of the remaining portion of the urethra by the escaping fluid. A fully charged syringeful of the wash is usually sufficient for one application. After removing the catheter, the patient should be enjoined to refrain, for a couple hours, from urinating, if possible. The application should not be repeated oftener than once in three to six days.

If the testes and vas deferens are tender, moderate counter-irritation may be maintained upon the scrotum and perineum, by occasional application of a little dilute tincture of iodine. The testicles should also be supported with a linen or silk thread suspensory.

The rectum next requires attention. If the habit be constipated, or if there is rectal irritation, from ascarides, they must be promptly destroyed, and the rectum habitually kept free from fecal accumulations. This end may be attained by the use of injections of cool water, either alone, or with salt, or soap. It cannot be too strongly impressed upon the mind of the patient, that his cure will be greatly facilitated by the use of frequent injections of cool (not *cold*) water into the rectum. The sense of relief and comfort experienced after the evacuation of the injection will be ample reward for the trouble of its use.

Strict cleanliness of the external genital organs, especially of the prepuce and glans penis, must always be observed. By attention to this precaution, local heat and irritation, and

consequent tendency to sexual excitement, will be obviated.

General bathing is of great importance. For the relief of the local congestion and irritation of the seminal organs, the pores of the entire cutaneous investment of the body must be kept free from accumulations, and a good surface circulation must be maintained. It is a mistake to order *cold* baths in spermatorrhœa. There should be no repelling of the circulation from the surface, nor chilling of the body from any cause. The baths should be warm. But the patient should not remain in the bath longer than ten or fifteen minutes, a time just sufficient for the purposes of ablution. By the use of warm water he secures a more rapid and thorough cleansing of the skin, obtains the soothing effects of the water, encounters no difficulty in maintaining brisk surface circulation, and leaves the bath before the supervention of any relaxation of the system.

To facilitate his cure, it is necessary that the patient attends to frequent evacuations of his bladder. The sympathetic excitement of the seminal organs from cystic irritation is well known; and I always insist that the patient should prevent distention of the bladder by accumulation of urine, that he should urinate just before retiring, and rise in the night for the same purpose, if there be the slightest desire experienced, or if there be erections. Neglect of this often results in a nocturnal emission.

The patient should sleep upon a mattrass, lie upon his side, and be always very comfortably but not too warmly covered with bed clothes. He should not retire until he is right well fatigued, in a favorable condition to go promptly to sleep, and to rest soundly. He should rise early and promptly, and never indulge in broken morning slumbers, that are prone to result in dreams, sexual desires, and emissions. The use of alcoholic stimulants, particularly the brewed beverages, should not be indulged. Their tendency is to excite the circulation, increase the secretion of urine, promote sexual desire. I have known the use of ale and lager to greatly aggravate the complaint. This probably resulted from their producing very marked increase of the urates in the urine, and deposits of sand in the bladder, which caused irritation of the neck of the bladder and of the urethra. In the evacuation of the bladder, particularly near the close of the act, the particles of sand lodge along the course of the urethral canal, especially in the region of the prostate, and sometimes cause severe local irritation and discharges of seminal fluid.

If the patient use tobacco in any manner to excess, it will be necessary for him to curtail his indulgence in this respect. The abuse of the tobacco habit often promotes spermatorrhœa.

If masturbation be practiced, the habit must be promptly abandoned. In many instances, this will be difficult to accomplish; but a firm determination, aided by local treatment and appropriate internal remedies, will usually succeed. If excessive promiscuous intercourse has been indulged, the error must be understood by the patient and corrected. Most patients require enlightenment in reference to what constitutes excess. Usually, if the emissions be not frequent, and there be no marked local irritation, coitus once in six or ten days will, for reasons already stated, prove beneficial rather than otherwise. If the patient be married, the case will be difficult to manage, for he will be constantly disposed to unduly excite the disordered organs. In a communication on this subject, received from a western medical gentleman several years ago, he tersely affirms "This is an unfortunate class of patients. They will not resist the temptation an opportunity affords. The more frequent connection the greater the desire. It creates an irritation and sense of heat and fullness about the seminal ducts that connection only relieves, and that for a short time." This gentleman advocated the cimicifuga for the relief of irritation and restoring of lost nervous power; but I regret to say my experience in the use of the article was unsatisfactory. I recommend married patients to occupy a separate bed and bedroom; very considerable cause of desire, and temptation to frequency, will thus be obviated.

If there be phimosis, and irritating accumulations under the prepuce, circumcision may be necessary. Sometimes there exists a hypersensitive condition of the glans penis and prepuce, that provokes desire and repetition of coitus. This undesirable condition may be modified by an occasional immersion of the parts in a solution of lead, zinc, or alum, and by habitually keeping the prepuce in a retracted position. Circumcision has been proposed as a preventive of the evils of self-abuse and venereal diseases. The supposed exemption of the Jews from these misfortunes has been cited in support of universal circumcision. While any condition

that diminishes the disposition to masturbation would, per consequence, diminish the evils of spermatorrhœa, it does not conclusively appear that the habit of self-abuse is proportionally less general among individuals of Jewish descent than among the uncircumcised. To obtain reliable data upon which such a fact may be established, is impracticable; and that the circumcised, as a class, are less salaciously inclined than other people, is extremely doubtful. Except where phimosis exists, there are very few cases where circumcision should be employed as a remedial measure in spermatorrhœa. All the special advantages claimed for the circumcised state may be readily obtained by having the foreskin kept in a retracted position so long as there is occasion for so doing. In normal conditions great advantage is derived from the office the foreskin performs as a covering and protection from irritation and excitement of the sensitive glans.

Internal remedies constitute an important part of the treatment. The tranquillizing effects of anaphrodisiacs are indicated in nearly all cases. For this purpose I employ bromide of potassium, fluid extract of hamamelis, lupulin, camphor, and hyoscyamus. As a sedative to both the brain and the seminal organs the bromide of potassium is admirably adapted. If there be anemia, relaxation, and exhaustion, ferruginous tonics should be administered. My own preferences are the ammonio-ferric-alum, and the pyrophosphate of iron. The iron-alum combined with fluid extract of ergot, I employ as an astringent tonic when there is relaxation, and excessive secretion and loss of semen. In loss of sensibility and power of erection, iron, quinia, strychnia, and galvanism are, perhaps, our best remedies. In this condition, if the patient be married, I advise separate beds, and abstinence from all attempts at coition oftener than once or twice a month. The temporary separation of a journey or a visit from home, by either husband or wife, for a month or two at a time, is frequently attended with excellent results. If the case be serious, characterized by considerable local irritation, nervous and physical prostration, and frequent emissions, marriage should not be advised as a remedial measure. The results would probably prove disastrous, and an early consumption, softening of the brain, or Bright's disease of the kidneys hastēn the devastation of death. The irritation should be subdued, the frequency of the emissions arrested, and the vital powers recuperated before marriage can prove beneficial. If there be complete loss of pleasurable sensation and of the power of erection, of course the individual is impotent, and wholly unfitted for the connubial relation. But even the gravest and apparently most hopeless cases of spermatorrhœa are deserving our earnest consideration, and may be greatly relieved, if not entirely cured, by a faithful and persevering employment of all the means that may be applied for the alleviation of this unfortunate class of sufferers.

## SIMPLE FRACTURE OF THE FEMUR. ILLUSTRATED BY A CASE OF RE-FRACTURE.

BY A. G. WALTER, M. D.,
Of Pittsburg, Pa.

There is no department in the vast domain of Surgery more calculated to influence the reputation of the surgeon than that which embraces the management of surgical injuries—especially fractures and dislocations of the limbs. And there is none which concerns the future comfort and usefulness of the patient as much as that of the science and art of *bone-setting*, as it is popularly named. On account of the frequency of traumatic lesions, outnumbering, as they do, all other surgical cases, the study of this subject requires more than ordinary consideration at the hand of the surgeon, in order that limbs may be restored to as near the natural shape and usefulness as possible; and, moreover, that vexatious law-suits for malpractice, so common in this country, while hardly heard of on the continent of Europe, be avoided.

The surgeon attending injuries of this character in this country is considered by the public in general as a mere mechanic, a medical carpenter, bound to restore the injured limb to as normal and useful a status as it enjoyed before the injury. And if it should so happen that he has failed, from causes beyond his control—such as the nature and severity of the injury, and others—to restore the limb to its pristine condition, perpetual blame will not only rest upon him, but often a suit for malpractice will be instituted against him.

Having been largely engaged in this branch of surgery for nearly forty years, in a large manufacturing district, where traumatic injuries of every variety are of very frequent occurrence,

I have felt compelled, by necessity as well as a sense of duty, to devote the closest attention to the management of these cases. And if on that account I claim to have been more successful in my endeavors to afford prompt and efficient relief than many of my confréres, I hope the charge of vain arrogation will not be laid against me, nor need I apprehend that the injunctions candidly and truthfully promulgated in this paper and the succeeding ones, will fail to be appreciated.

I intend to follow up this article treating of fracture of the femur, by a detail of my experience in the management of fractures of the other bones of the body, and hope thus to serve the less experienced and junior members of the profession, and enable them to treat such cases with satisfaction to themselves and their patients.

No class of injuries is of more frequent occurrence than simple fracture; none requires so exclusively, for its treatment, the exhibition and application of common sense principles, and yet none other is so frequently followed by disastrous results—deformities, shortening, nonunion, and the annoyance to patient and attendant resulting therefrom. The natural inference that injuries of such frequent occurrence are followed by correspondingly frequent satisfactory results fails here, for the converse is true, and in my opinion, the treatment of fractures has been the occasion of more reproach to surgeons than that of all other injuries united.

It is more difficult to convince the popular mind of the unavoidable nature of imperfect results after these injuries than after any other, with the single exception, it may be, of dislocations. And the cause of this is evident. The frequent occurrence of fractures, and the usually satisfactory termination of their treatment, have resulted in the education of the public to the belief that these injuries are readily remedied, and in consequence, an imperfect result is popularly attributed either to the neglect or ignorance of the surgeon.

The causes of imperfect results, when not dependent upon a constitutional vice, the severity of the injury, or a neglect upon the part of the patient to follow the directions of the surgeon, are: failure to *properly* coaptate the extremities of the fragments; failure to maintain *perfect* coaptation by *proper* splints, appliances and bandages; and *a too early discontinuance* of treatment. And it is upon these latter causes, as coming more particularly within the province of the surgeon, I wish to dwell. While these remarks apply in general to fractures of all of the bones of the body, they do so with more force to those of the femur; for with regard to the results of treatment after fracture of this bone, the standard of excellence adopted by the profession is not as elevated as it should be; and in consequence, we observe, sufficiently often, cases exhibiting but too plainly the result of aiming at too low a degree of perfection. In the following history of a case, which I have selected not only on account of its being illustrative of the advantages to be derived from refracture, on account of apparently irremediable deformity, but because of the situation of the fracture, at a point where we constantly are met with the projection forward of the superior fragment, a difficulty from which has emanated the invention of innumerable expedients and appliances for its control, I propose giving my views upon simple fracture of the femur, what we are to expect from treatment, and what method of treatment I have found most available for satisfactorily fulfilling those expectations.

**Case of Badly United Fracture of the Femur.**

Edward H., a native of Ireland, aged thirty-two years, residing at Greenfield, Pa., was a strong, healthy and muscular man, of temperate habits and in the prime of life. On February 21, 1874, while engaged in his occupation as a coal miner, he was struck by some falling slate, which felled him to the earth, and rendered him insensible, in which condition he remained for several days. In addition to injuries about the head and back, he sustained a simple oblique fracture of the shaft of the right femur, below the trochanter. Two physicians were called in, but unfortunately they failed to locate the seat of fracture, and supposed it to be situated in the lower third of the bone. The treatment they pursued consisted in the application of plaster of Paris to the lower third of the thigh, and of extension by means of a pulley and four-pound weight attached to the leg by adhesive strips. After six weeks the use of the plaster and weight were discontinued, a starched bandage was substituted, and the patient was kept in bed for three weeks longer, when he was allowed the use of crutches. Three and one-half months after the injury the patient, owing to the deformity and

shortening of the limb, of its uselessness, and of his consequent inability to dispense with crutches, consulted me, when, upon examination, I discovered the following condition: The limb was about three and one-half inches shorter than its fellow, and there was great deformity of the thigh, the upper part of the femur being greatly curved outward. The fracture was situated in the upper third of the thigh, just below the trochanter major. The fragments were firmly united together, but they greatly overlapped each other, the upper one pointing forward while the lower one pointed behind the former and outward. The bulk of the bone at the point of union was immense, the diameter of the mass being four and three-fourths inches. There was semi-rotation outward of the knee and leg, and eversion of the toes.

Having decided, with the consent of the patient, to attempt the refracture of the bone, on June 5th, 1874, he was chloroformed, when I pursued the following plan: The foot and leg were bandaged with a flannel roller; a broad leather belt was fastened around the lower part of the limb just above the malleoli, and extension was made by traction upon straps attached to it. A strong perineal band was then applied, the ends of which were given in charge to an assistant, with instructions to make counter-extension. After the expenditure of a great deal of force by traction upon the extending and counter-extending bands, and by forcibly bending the femur outward at the seat of fracture, the bone was refractured, the snaps of the yielding osseous tissue being distinctly heard. After repeatedly moving the fragments upon each other they were found to separate completely, but owing to the contraction of the muscular tissue some difficulty was experienced in attaining the desired degree of extension. This contraction was finally overcome, the limb was drawn out to the desired length, and I then dressed it in the following manner:—Long hose-leather splints, braced by sheet-iron ones, were applied along the whole length of the anterior, lateral and posterior faces of the limb, and were secured by rollers, a firm compress having previously been secured by adhesive strips over the extremity of the upper fragment, to prevent its bulging forward. A long external extending splint, which I have always used in the treatment of fractures of the femur, reaching from above the crest of the ilium to the sole of the foot, with foot-board attached, was then applied along the outer face of the limb, extension being made by tapes secured to the sides of the leg and fastened beneath the foot-board, and counter-extension by means of a perineal band, the ends of which were fastened to either extremity of a movable arm at the upper end of the splint. Roller bandages were then applied over the whole, completing the dressing. The patient recovered readily from the anæsthetic, when he was given a hypodermic injection of morphiæ sulph., gr. ¼, and was then removed to his bed.

The following selections from my memoranda indicate the progress of the case:—

11 o'clock, P. M.—The patient has vomited several times, and his pulse is indicative of fever, but he makes no complaint of his limb.

June 6th, 8 A. M.—He slept two hours and dozed a good deal. He felt sick at the stomach, but has not vomited again. The pulse is 96 per minute; the skin is warm; the tongue dry, and he has thirst. No pain in the limb is complained of.

℞. Tinct. digitalis gtt.x.
Sig.—Every two hours.

June 7th.—He dozed a good deal. The pulse is 92, temperature normal, tongue dry and coated, and he is thirsty. He urinated. He does not complain of pain.

June 8th.—He did not sleep much, but dozed a good deal, and feels rested. The pulse is 76, temperature normal, and tongue moist but coated. He has no appetite. He has no pain.

June 9th.—He slept pretty well. The pulse is 84, temperature normal, and tongue moist, cleaning. He has no pain.

June 10th.—He slept well; pulse 76, temperature normal, and tongue moist and cleaning. He feels comfortable.

June 11th.—The pulse is 76; the functions are normal and appetite is returning. The limb was entirely redressed, when the contour of the femur appeared natural and the limb of the normal length. There was scarcely any sign of contusion about the thigh, in comparison with what was expected from the violent manipulations during the refracture of the bone.

June 20th.—The patient has continued comfortable, and all of the functions are normal. The limb was again entirely redressed, and found of the natural contour and length. The fractured extremities cannot be felt, so close is the approximation of the fragments.

June 29th.—From the 23d to the 28th of June he was afflicted with pleurisy, but made no complaint of the limb. The limb was again redressed and found to be normal in shape and length. The seat of fracture can only be discovered by localized pain. There is still mobility of the fragments.

July 15th.—The patient dressed himself and walked down two flights of stairs on crutches. The limb was redressed and found to be of the normal length, but bony union has not taken place yet. The patient is permitted to walk on crutches, carrying the limb in a sling.

July 24th.—The limb was redressed and found of the normal length. Union at the seat of fracture is found somewhat firmer. The extremity of the upper fragment is somewhat prominent along the anterior and external faces of the limb.

August 25th.—The limb was redressed, the skin being found greatly chafed. The skin was inuncted with lard and covered with paper, after which the splints and bandages were applied. The use of the extension splint has been discontinued, long volar and external, and short anterior and internal sheet-iron splints being now used. The limb is of the normal length and union of the fragments is solid, while the bulk of the bone at the seat of fracture does not differ materially from that of the corresponding point of the opposite limb. The patient walks about on crutches, but is not permitted to bear any weight upon the limb.

September 23d.—There is firm union at the seat of fracture, the outlines of the femur are normal, there is no deformity, and no shortening is apparent. This being the condition of the case, the dressings are removed and the following substituted: Four short, galvanized sheet-iron splints were made to accurately fit the anterior, posterior and lateral faces of the thigh, and were held together, and in position by three straps, which were passed through an eyelet or guard, on the exterior of each splint, and then buckled. To prevent any tendency of the splints to slip downward, a leather belt was passed around the waist, from which a strap extended and was fastened to a button at the upper extremity of the external splint.

This apparatus was applied in place of the former one, because as it was light, and occasioned but slight, if any discomfort, the patient would be in less haste to dispense with that degree of support necessary, for many months, for the preservation of the exact length of the limb, than he otherwise would.

He was directed to remove and readjust the splints daily, to present himself from time to time for inspection, and to continue using crutches, and refrain from walking upon the limb for several months, in order to prevent the shortening which a too early use of the limb would inevitably produce.

At the expiration of nine weeks the patient discontinued wearing the splints, without consultation with me, and on February 5th, 1875, eight months after I had refractured the bone, he presented himself for examination. The thigh was of the normal contour and there was no apparent shortening. There was some thickening about the seat of the fracture, apparently caused by effusion into and between the muscles. The patient stated that he still used crutches, but a few days later he was seen walking briskly, carrying a cane.

He was advised to continue the use of the splints, in order to prevent the occurrence of shortening or curvature of the bone, but he declined doing so.

*Remarks.*—Success in the above case, so prompt and decided, was not expected, owing to the difficulty of refracturing the femur so near to the body, where a proper purchase for steadying the upper fragment, during the manipulations necessary for the separation of the lower one from it, cannot be attained as well as at a point lower in the limb. Refracture, however, was effected, but it was at the expense of such a degree of force and perseverance as might appear, to those of the profession inexperienced in such manipulations, hardly justifiable. But if success is to be attained at all, in cases of this nature, a great deal of force must be applied, with determination and perseverance, but at the same time, of course, with caution and intelligence. The direction and degree of the force applied can only be determined by the judgment of the operator. And here I may remark that it is noteworthy, with what immunity the injured limb will bear the severe manipulation necessary for success. The small amount of swelling following in the train of refracture is remarkable; it is often much less than is observed at the time of the primary injury, and is always decidedly less than that following the reduction of old luxations. Refracture having been effected, the next step would be the proper dressing of the limb, with

the view of effecting and maintaining the proper length of the limb, and securing prompt consolidation of the fractured extremities, in their normal relations.

And in this connection I shall venture the assertion, opposed as it is to the opinions of surgical writers of eminence, that all ordinary simple fractures of the femur should unite *without shortening*. If an experience of forty years in a community subject to surgical injuries be a criterion, fractures of the thigh bone in general, wherever located, can and will unite *without* shortening, if but *proper care*, *appliances* and *diligence* be used during the treatment of the case. Proper coaptation and extension, with continuance of the same, are the only desiderata requisite. But to obtain these ends, the surgeon must possess a sufficient degree of mechanical ingenuity, and be able to accommodate his appliances to the particular injury. The proper coaptation of the fragments of a broken bone requires as much care, as accurate an eye, as fine touch, and as great manual dexterity, as the most delicate operation in surgery. The degree of extension is no less important than the accuracy of coaptation, inasmuch as the latter depends upon the former. And here is an item that must be taken into consideration by the surgeon if he would obtain union without shortening. The powerful muscles of the thigh, irritated by the jagged extremities of the fragments, obstinately contract, and much of the force used in extension is expended upon the hip, knee and ankle joints, thereby, placeing them abnormally upon the stretch. The condition of the two limbs is in this respect different, for the uninjured member can be fully extended, without the expenditure of any force, and consequently without the stretching of the articulations. The surgeon, therefore, must not content himself with a sufficient degree of extension merely to obtain apparent exactitude in the length of the two limbs, but must be careful that the injured member *exceed in length* the uninjured one, and in order to avoid all possibility of error in this regard, should make his measurement from the anterior superior spinous process of the ilium to the external malleolus. Convinced as I am of the correctness of this assumption, I have for a long time acted upon it, and have invariably increased the relative length of the uninjured limb, and have maintained this degree of extension, until the occurrence of union of the fragments. I have never been satisfied in the management of cases of this character, but by securing *increased length* of the limb, and the result has been that as soon as the joints resumed their functions and returned to their pristine condition the member became of the same length as its fellow, shortening after fracture of the femur being evidently no more of a necessity than after fractures of any of the other bones of the body. Proper coaptation and extension having been effected, they are to be *maintained*, and for the accomplishment of this purpose, I have found no appliances superior to those described in the history of the foregoing case.

And then as regards the dressings, they should be frequent. For the first few weeks, or until pretty firm union is established, the seat of fracture should be carefully examined, and the limb accurately measured, at least once a week. This will enable the surgeon to rectify any inaccuracy of coaptation.

Union without shortening is also without deformity, for when perfect coaptation has been effected, no more callus is thrown out than is sufficient to unite the fragments together, and I generally find it a difficult task, at the expiration of eight or ten weeks after the accident, to discover the seat of fracture.

When the bone has united firmly, and the patient is allowed the use of his limb, the case should not be permitted to pass from the care of the attendant. Splints, such as I have described, should be fitted to the limb and secured by straps, thus requiring but little labor in their application, and no discomfort, and the patient should be directed to continue wearing them for many months, in order to avoid all possibility of the bone bending upward, a condition that is liable to occur unless guarded against in the manner described.

To sum up, then, I insist that union without deformity or shortening will occur whenever the following conditions are adhered to:—

1st.—The obtaining of accurate coaptation of the extremities of the fragments.

2d.—The obtaining of a sufficient degree of extension to maintain accurate coaptation, and this is always evidenced by an increase in the relative length of the limb.

3d.—The maintenance of the above conditions by proper splints, appliances and bandages.

4th.—Frequent renewals of the dressings; and,

5th.—Support to the limb, for an indefinite period after union of the fragments has occurred, by splints, to prevent any tendency of the bone to bend outward at the seat of fracture.

# Editorial Department.

## Periscope.

### Transplantation of Bone.

A novel description of transplantation is mentioned as having been described by Nussbaum, at a surgical conference held at Munich, in which he discussed certain forms of mal-union after fractures, with special reference to what is known as pseudarthrosis, and the treatment applicable under such conditions. If, after the loss of a considerable quantity of bone, the fragments are widely separated, and possess only a ligamentous union, he suggests that a piece of bone should be transplanted from one of the fragments to supply the deficiency, and he has accomplished this in one case with a successful result. This was in an officer who had sustained an extensively comminuted fracture of the ulna from a gunshot injury, which, after necrosis, and separation of the small pieces, had healed, leaving a false joint with the ends of the fragments two inches apart, and united only by a slender ligamentous band. Although the radius was unbroken, there was considerable unnatural mobility, and great impairment of the usefulness of the arm. In performing the operation the seat of fracture was first exposed, and then, after removing the intervening fibrous band, a piece of bone two inches long, and involving half the thickness of the ulna, was separated from the upper fragment by means of a saw and chisel, so that it was left adhering only to the tip by means of a narrow bridge of periosteum; it was then brought down so as to occupy the interval between the fragments, sutures were placed in the wound, and the limb was supported in a plaster-of-Paris splint with a window. All went on well after the operation; the wound closed in the course of a few weeks after the separation of a minute sequestrum, which only amounted to about one-tenth of the transplanted portion. "The piece of bone which had been transplanted had united, and could be distinctly felt," and, after a while, "the firmness of the now uninterrupted ulna was clearly established." After six months the use of the arm had so far returned that the patient was pronounced fit for service.

(Phila. Med. & Surg. Reporter)

### The Treatment of Necrosis.

Dr. A. H. Corley, F. R. C., S. I., in the *Medical Press and Circular*, gives the following advice on the management of necrosis:—

If there is one precept more than another on which surgical writers are unanimous, it is that no operative interference is justifiable until the sequestrum is completely detached, and there is no doubt that when such has taken place the cure is more satisfactory; but there are two conditions under which the precept is of little use as a guide. 1. There may be complete separation, and yet the sequestrum so fixed from the extension into its inequalities of granulations from the surrounding new bone, that there may be no evidence sufficient to show the detachment. 2. There may be present symptoms of wasting and hectic, so urgent that surgical interference of some kind may be rendered imperative, to save the patient's life. Besides, even though there may exist no very urgent constitutional symptoms, still we now thoroughly understand that long continued and profuse suppuration, especially from diseased bone, is extremely likely to produce that serious form of visceral degeneration called amyloid, a condition not amenable to treatment, and one which may tend to a fatal result, even when its cause had long since been removed. It is, therefore, very desirable to know if operative measures may be attempted before any certainty exists as to the complete separation, and also when a continuance of the symptoms indicates a probably fatal termination, even though the surgeon may have reason to think that detachment is only in progress. The following case illustrates my meaning and my treatment:—

T. L., an attorney's clerk, was admitted into Jervis Street Hospital, in the beginning of October, 1873, presenting the symptoms of tibial necrosis to a most exaggerated extent. The limb was nearly twice the size of the opposite one, and had seven or eight openings through which the dead bone could be felt, and which were constantly pouring out quantities of pus. The disease was of nearly a year's duration, and had, confessedly, a syphilitic origin. His general health was simply deplorable; want of appetite, night sweats, and diarrhœa, had brought on extreme emaciation, and attempts to use the leg in walking produced much pain and exacerbation of local symptoms. There was no evidence of motion in the sequestrum, but in some places the probe could be passed for a little distance between the new shell and the sequestrum. I kept him in bed for about six weeks, in the hope that rest and attention to general hygiene might raise his health to such a standard that he could afford to wait until Nature's effort should separate the sequestrum, and afford an evidence that the process was complete. Although the inflammatory condition of the limb was ameliorated, his general health did not improve, and the symptoms of exhaustion became so urgent that, in December, 1873, I determined to interfere, operating for necrosis first, and holding myself free to amputate if necessary. I used Esmarch's method, to obviate hemorrhage, and I am bound to say that I do not think the operation, or any one like it, could have been successful unless done

bloodlessly. When I mention that the patient was one hour and forty-eight minutes under chloroform, and exhibit the amount of bone removed, the gravity of the case can be readily understood. I found, as the size of the limb led me to expect, a very thick new shell, and on cutting away a portion of this between adjacent cloacæ with mallet and chisel, I found a sequestrum which included the entire diaphysis of the tibia. Along the surface complete separation had taken place, although in some points the dead and living tissues were in actual contact; but at the two ends no line of separation was to be found, for dead bone, fixed and firm, could be felt as far upward and downward as I thought it prudent to lay open the new shell. Partly with the forceps and partly with the chisel, I managed to get away the great mass of the sequestrum, but was obliged to leave a small portion at the upper and lower ends. Having packed the cavity well with lint, and bandaged over all, I sent the patient to bed. I may say that practically the operation, though I thought it at the time unsatisfactory, was a great success. Although in the second week he had a sharp attack of surgical fever, the great cavity filled up and cicatrized over most satisfactorily, except at the upper and lower ends, where small sinuses leading to undetached dead bone still exist. All the constitutional symptoms passed away. The patient is now in excellent health, and the remaining bone is gradually coming away in small fragments. I should mention that, shortly after he left the hospital, he thought himself so well that he walked a considerable distance and took too much exercise. The consequence was that a rapid and unhealthy kind of inflammation ran up from one of the lower sinuses through the cicatrix, and laid bare a small portion of the edge of the new bone; a superficial exfoliation of this took place; and rest in the horizontal position, with some iron lotion, restored matters to their previous condition. This patient can now walk to his work, do it, and is in excellent health.

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### Splints of Plaster of Paris and Hemp.

The London *Medical Record* quotes from Dr. Beely a notice of this new kind of splint, which, during the past twelve months, has been extensively used by Professor Schönborn, of Königsberg. The materials used in the composition of this splint are heckled hemp, the fibres of which must be arranged as parallel as possible, and gypsum powder, such as is used in the ordinary gypsum bandage. Bundles of the hemp, each of about the thickness of the little finger, and of a length corresponding to that of the part to be covered, are dipped in a mixture of gypsum and water, and then applied, side by side, over the surface of the limb, which surface should have been previously oiled or covered by flannel. These splints speedily become dry and form a hard casing, closely applied to the whole surface of the limb. They can be readily strengthened by the subsequent addition of other bundles of hemp, saturated in the same way by gypsum and water, and may be rendered waterproof by painting over their surface an alcoholic solution of shellac. When it is necessary to apply a splint of this kind to the posterior surface of the leg or thigh, and the patient cannot turn over so as to place this surface uppermost, the bundles of hemp, after mixture with gypsum, should be kept in contact with the limb by means of a flannel bandage. The advantages which this is alleged to possess over other fixed splints of different composition are its cheapness, the facility of its application, its durability, its porosity, and the rapidity with which it becomes dry and firm. Dr. Beely thinks that it would prove a very useful application when a patient suffering from fracture or gunshot wound has to be moved, and that gangrene would be less likely to occur than from the use of the ordinary gypsum splint. In Professor Schönborn's practice this form of splint has been applied in about fifty cases, and generally successfully.

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### Medical Uses of the Pawpaw.

The pawpaw, *carica papaya*, as found in tropical and subtropical America, is recommended in the London *Medical Record* by Dr. Evers, for various medical purposes. He says:

I have employed the milky juice of the unripe fruit in the treatment of splenic and hepatic enlargements, and with good results. I have treated sixty patients with this drug, and in thirty-nine instances a cure was effected; in eighteen cases the results were not reported; and in three cases (of enormously enlarged spleens) relief was afforded. The mode of administration is this. About a teaspoonful of the juice is collected and mixed thoroughly with an equal quantity of sugar; this mass is divided into three boluses; one to be taken morning, noon, and evening. For children, a single drop of the juice, mixed with sugar, is sufficient. The pulp of the unripe fruit (the rind being removed), "mashed" up with hot water, might be applied as a poultice over the enlarged gland. On this external application, however, I do not place much reliance. No ill effects result from the internal application of the drug. Some of the patients treated complained of a feeling of heat in the stomach, nothing more. When symptoms of gastric or intestinal irritation occur, I have found it necessary to combine opium or hyoscyamus with the juice. The drug appears to me to act as a tonic and deobstruent. My plan for ascertaining that there has been an actual diminution in the size of the enlarged gland, was to mark off with the nitrate of silver the limits of the affected organ when the patient applied for treatment; and after about a fortnight or month, percuss and mark off again in the same way. In very bad cases, I have seen a decrease of from half an

inch to an inch in perpendicular dullness. Patients have told me again and again that they felt considerably lighter in the side; and that their digestion was now good. I believe that the drug is most active in cases where the stage of ague-cake, *i.e.*, the genuine amyloid spleen, has not yet been attained—in fact, when the deposit in the gland is still albuminoid. It acts much more rapidly than the hydrochlorate of ammonia, the bromide of potassium, or the external application of the biniodide of mercury ointment. From twenty to twenty-five days is the longest time that a patient is generally kept under treatment. A nutritious and liberal diet is also an essential adjunct in these cases.

**The External Use of Tincture of Iron.**

In the *British Medical Journal*, Dr. A. C. Foster writes:—

In simple cutaneous erysipelas, and also in the milder phlegmonous variety, this agent possesses the decidedly specific effect of subduing, almost at once, the morbid action. I have applied it in numerous instances, and always with the most satisfactory results. So far as my experience goes, it is, in these cases, incomparably the best remedy ever used. It seldom happens that more than one painting of the same spot is required; and, having applied it, no other external agent whatever is needed. In scrofulous swellings of the neck its discutient properties are far superior to those of iodine; and where a puerperal breast or inguinal gland in the male has threatened to end in suppuration, the early use of the tincture, every other day or so, with a camel's hair brush, has been sufficient to effect resolution, while in similar cases we find frequently that leeches, poultices, and evaporating lotions fail to prevent the formation of matter. Again, the remedy may be applied most advantageously in acute rheumatism, where any particular joint is especially swollen and painful, and also to the inflamed surface surrounding an unhealthy ulcer, or along the course of the absorbents when irritated by a recent, ill-conditioned wound. The well-known remedy, ink, as a domestic application in ringworm, has long enjoyed a not altogether undeserved popularity, its curative effect being undoubtedly due to its ferruginous ingredient.

# Reviews and Book Notices.

## NOTES ON CURRENT MEDICAL LITERATURE.

——Prof. H. F. Campbell, of Augusta, Ga., calls attention, in a pamphlet on uterine displacements, to some new instruments in uterine surgery, and to the "genu-pectoral" position, which he believes facilitates manipulations. The publication may be had of the author.

——Dr. J. Ott, of Easton, Pa., has made a careful examination of the physiological action of the brain. His conclusions are embraced in a twelve-page pamphlet, which may be had of the author.

——Dr. F. N. Otis, of New York, has added another to his valuable papers on urethral diseases, in the form of a pamphlet "On Spasmodic Urethral Stricture," reprinted from the *Archives of Dermatology*. It is published by G. P. Putnam's Sons, New York City.

——Dr. Alfred A. Woodhull, U. S. A., has found signal advantage, in intermittents, from the use of one or two grains of ipecacuanha, every three or four hours. His article, "Clinical Studies, with the Non-nauseating use of Ipecacuanha, Chiefly in Intermittents," is reprinted from the *Atlanta Medical and Surgical Journal*.

——The following Reports, etc., have been received:—

Fourteenth Annual Report of the Cincinnati Hospital.

Twelfth Annual Report of the New York Society for the Relief of the Ruptured and Crippled.

Annual Announcement of the Medical Department of the University of Wooster.

Tenth Annual Report of the Illinois Institution for the Education of Feeble-minded Children.

Catalogue of the Albany Medical College.

Annual Report of the Pennsylvania Hospital.

## BOOK NOTICES.

**Medical Addresses. By Benjamin Eddy Cutting,** A.M., M.D., etc. Boston: David Clapp & Son, 1875. 8vo, paper, pp. 123.

The addresses in this volume are three in number, bearing the titles, "Nature in Disease," "Disease a Part of the Plan of Creation," "My First Question as a Medical Student." The author is a naturalist in pathology, and a nihilist in therapeutics; or, to put it more exactly, his leanings are that way. His science is teleological, even to the extent of seeing "evidences of design" in a case of measles. As in all these respects he is in opposition to what seems to be the truest science of the day, we must confine our praise to his style, which is pleasing, and his intentions, which are praiseworthy.

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## THE EXHAUSTION OF ENERGY.

In the annual address, for 1874, of the President of the American Medical Association, occurs this remark, "Progress is the order of the day—a law of the Universe." No expression is more common. "Through the ages one increasing purpose runs," sings the author of Locksley Hall. And that the story of the world will be worth more as time progresses, is the radical belief of most, even deep thinkers.

But there is not convincing evidence to show it. Every law of nature points precisely to the contrary conclusion. He who figures to himself the history of the Universe as a process of endless evolution and development, a constant ripening into nobler forms and higher truths, does so in the face of all that we certainly know of the laws of force and the past of Universal history. This much talked-of doctrine of evolution, regarded as a general Theory of Things, falls wholly short of the mark. At best, it can hold its own for a brief period in a narrow area.

What is the highest generalization of the nature of matter? It is this: attractive and repulsive forces tending to equilibrium. The whole material universe is covered in this expression, and there is no form or quality of matter, inert or in action, that transcends or contradicts it. Expressed in other terms, it is the theory of the conservation and dissipation of energy, and its meter and sign is the radiation and absorption of *heat* in the cosmical area. All work done, all force, energy, motion or action, is done at the expense of a certain amount of heat drawn directly or indirectly from our only source of heat, the Sun. Stephenson, looking at his engines, traced their motive power directly to this central orb, and whatever lives, moves, and has its being on this planet of ours, derives its life and motion just as straightly from the central orb.

But already the manifest signs of the failing and ultimate extinction of the sun are many. Neptune, Uranus and Saturn, enormous worlds, compared with ours, are far below the temperature necessary to support organic life. Whatever scenes of evolution they once witnessed have disappeared countless ages ago, never to return. Our moon, once the scene of a gigantic play of lava torrents, earthquakes, and life, now drifts, a dead cinder, through the sky. Though we may look hopefully to the thousands of generations yet to come before this fate overtakes our orb, or though we may smile at such a far-off catastrophe and say to ourselves *apres moi le deluge*, he who would bring scientific cosmogonical theories to the test of science, finds here cause to reject some very popular to-day.

What, then, is the scientific teleology, the "doctrine of the last things?" It was well put by Lord Rayleigh, in an address delivered not long since before the Royal Institution in London. After stating the laws of the conservation and dissipation of energy, as laid down by Carnot and Clausius, and applying these to the radiation of heat from the sun

throughout the inter-stellar spaces, he reached the necessary conclusion that in creation there exists a constant dissipation of energy, which will ultimately reduce all existing matter in space to a condition of absolute immobility, to a state of perfect equilibrium.

Such seems to be the only inference which the laws of thermo-dynamics permit. To this material Nirvana, this stability of force, which is synonomous with the absolute doing away with all matter and all force, must we come at last.

There is but one important difficulty in this theory. A condition out of equilibrium presupposes a disturbance of a previous condition in equilibrium; how did that disturbance come about? May it not periodically recur or recrudesce? Knowing nothing of its laws, may it not, as something evidently external to matter, yet profoundly influencing it, still modify, from time to time, thermo-dynamical states as known to us? These are inquiries we cannot put aside, and yet we cannot answer them.

## THE RISKS OF OBSTETRICIANS.

Few weeks pass at any time without our noticing one or more deaths of physicians who have fallen victims to infectious diseases. Often where death does not result, prolonged illness, loss of practice, and permanent invalidism are the consequences of such inevitable exposure.

In Great Britain, especial attention has lately been called to the risks incurred by obstetricians. Dr. Cairns, in the Edinburgh *Medical Journal*, narrates a most distressing instance of a physician who contracted syphilis of the finger in attending a case of labor. Severe constitutional symptoms followed. We have personally known three such examples among our professional acquaintances. Dr. Cairns gives the following precautions:—

1. Never attend a case of labor if there is any abrasion of the skin on the right hand.

2. If any abrasion exists on the right hand, place the patient in the appropriate position, and use the left hand.

3. If not an ambidexter, have the right index finger in all cases covered with gutta-percha tissue soldered together by chloroform, which tissue entirely protects the finger, and does not affect its sensitiveness.

4. In all cases, after each examination, wash the right hand or left, as the case may be, with a solution of carbolic acid or any other good antiseptic.

5. If, after all these appliances, a suspicious sore should occur, have the nail wrenched off immediately and caustic applied to the matrix.

Besides the danger from syphilis, septicæmia may be produced from the lochia. The following case, given by Dr. Wm. Stewart, in the *British Medical Journal*, illustrates how dangerous this may be:—

Miss G., aged 52, a delicate woman, frequently suffering from hepatic derangement, and the subject of an obscure internal abdominal tumor, said to have followed an injury from a railway accident, called me to see her on Sunday, October 8th, 1871. I found her suffering from most excruciating pain in the right fore-finger. The pain was so agonizing that I was led to inquire whether she had not scratched or injured it in any manner, when she informed me she had very slightly scratched that finger and the one next to it a few days previously. Upon remarking further that I was afraid she had received some poisonous matter into the scratch, she then remembered having given an injection to a lying-in woman on the evening of the 6th (about thirty-six hours before my visit), whose nurse was very inexperienced, and had neglected to change the patient for several days after delivery. I was informed by the medical gentleman in attendance upon the confinement, that his patient had peritonitis at the time. My patient had wrapped a piece of adhesive plaster round the middle finger, which was therefore quite unaffected, but unfortunately had left the scratch on the forefinger totally unprotected. Here, then, was the clue to the case—decomposing lochial discharge applied to the recent scratch. This case ran a most acute and rapid course. Thirty-six hours after the application of the septic matter I saw the patient. The finger was hard and indurated, but not much swollen. The back of the hand was very red

and much enlarged. The inflamed lymphatics, in red streaks, could be seen passing up the forearm; and in twelve hours more, in spite of all measures adopted to arrest the advancing disease, the finger had mortified. The next day, her relatives being very anxious, I met in consultation two neighboring medical gentlemen, who agreed with me as to the cause of her symptoms; but the gangrene continuing to spread soon involved the other fingers, hand and wrist, and was followed by a fatal termination on the 10th, being ninety hours from the application of the poison, and about forty-eight hours from the time when I first saw the case. Throughout the short course of her illness the general symptoms were those of high fever, persistent vomiting, and, towards the close, delirium.

When one is mindful of such dangers, the free use of antiseptics and the careful protecting of abraded spots, or the immediate cauterization of such surfaces if exposed, will go far to avoid the risk.

## Notes and Comments.

### Poisoning by Aniline Dyes.

Several cases of poisoning by the use of stockings and undershirts dyed by coralline, have been reported. A similar one appears in foreign journals, reported from Stettin. A gentleman had bought a hat in a shop there, and, after having worn it for one or two days, was troubled with unbearable headache; at the same time little ulcers formed upon his forehead, his eyes were inflamed, and the whole of the upper part of his head was much swollen. It was evident that these symptoms were caused by the hat, and upon examination by a chemist it was found that the brown leather in the inside of the hat was colored with a poisonous aniline dye. It appears that inflammation is unavoidable when this dye is in contact with any part of the skin.

### The Birmingham Institute.

Considerable attention has been attracted, in England, to the action of a scientific medical Society in Birmingham, admitting homœopathists. Various letters were written to the medical and local journals, one of which, by the surgeon, Mr. Lawson Tait, we have been asked to notice. It is too long to give in full, but the following extract shows Mr. Tait's animus:—

"We have admitted a small body of gentlemen to a public institution, from which we have neither legal nor moral right to exclude them. They are men whom we individually respect, whose honesty we have no right to impugn, and whose difference from ourselves, on questions where there is no certainty, we ought to treat with the utmost toleration."

If the Institute had no legal right to exclude, it did well to admit them. But for a homœopathic physician—an honest one—to discuss questions in medical science is as impossible as it is for a professed Evangelist to discuss impartially the inspiration of the Bible. The object of both is not *investigatio veri*, but the *confirmatio veri*, for each starts with the assumption of a dogma. We, however, have determined to banish the discussion of homœopathy from these pages.

### The Gorilla.

This anthropoid ape is by no means a ferocious, but a timid brute, according to Mr. Compeigne. This observer also adds, that the gorilla is in no sense an intermediate link between man and animals, but a simple ape; a gigantic ape, it is true, of colossal strength and size, but in no way differing in its ways and habits from the large anthropoid apes, as, for instance, the chimpanzee.

### Bromide of Lithium.

The *Revue de Therapeutique* gives the following as the results of Dr. Rouband's tests of this drug:—

1. Bromide of lithium is a drug which has a twofold action. 2. It possesses in a high degree the lithontriptic qualities which are universally recognized in the salts of lithia. 3. It affects reflex sensibility in a more energetic manner than the other bromides, without the unpleasant effects on the heart which the bromide of potassium has. 4. Consequently it takes its place in the first rank of antilithic and sedative drugs, and its action is especially valuable in cases of the uric acid diathesis, which are accompanied by painful phenomena, and in the neuroses which are so often associated with the presence of uric acid.

# Correspondence.

## FOREIGN.

### Letter From England.

Manchester, England, June 22d, 1875.

Ed. Med. and Surg. Reporter.

This place is usually left out of the route of the medical tourist, in his journeyings through Great Britain. Though London is the metropolitan city of the Empire, it does not by any means follow that the "provincial" towns hold nothing of interest for the medical man. Many of the lights of British medicine shine in these provincial localities, and one or two of them belong to this city. Mr. William Roberts, whose work on the urinary organs is justly held in much esteem by practitioners, both at home and abroad, lives here, and is in the enjoyment of a large private practice. He is not so old a man as I had expected to find.

He does not look over forty-five, though I find great difficulty in approximating the age of the English men and women, they have, all of them, such an enviable habit of looking ever so many years younger than they really are. He occupies a chair in the medical school of the place, which, by the way, is not in a very flourishing condition, and has a service at the Royal Infirmary. Like all English practitioners, however, he lets the private practice hold the first place in his affections, and gives but a second place to the honors of authorship or teaching. So much engrossed was he in his private practice, that in the preparation of the edition of his book just recently issued, he depended in a very large degree upon the assistance of his friends. Dr. Whitehead, who has written considerably on affections peculiar to females, also lives here, though I did not get the opportunity of seeing him. He has a service at the Children's Hospital. The most important hospital of the place is the Royal Infirmary, which is located on the principal street of the city. It is very large and commodious, and is well supplied with accidents of every description, from the numerous manufactories of Manchester and the neighboring towns. An idea of the amount of material furnished by this hospital may be obtained from the fact that within a circuit of ten miles there are no less than three million people, and these are engaged, for the most part, in manufacturing and mining.

Mr. Thomas Windsor, an ophthalmologist of no inconsiderable reputation, resides here. He is a most erudite man, a complete walking enclycopædia, not only in matters pertaining to his specialty, but also as regards general medicine. He has made translations of various papers from the German, French, Dutch and Italian, and was at one time associate editor with Mr. J. Z. Lawrence, of the *Ophthalmic Review*, a journal which unfortunately suspended publication after issuing but twelve numbers. A more pleasing gentleman it has never been my fortune to meet. He is deeply interested in building up the medical library of Manchester, which, owing almost entirely to his exertions, has already attained to the size of 130,000 volumes. It is rich in old and rare books, some of them of great value. Its collection of Dutch books is said to be the largest and best outside of Holland. He says he finds more difficulty in getting American books than any others. He seems to think that we have no energetic second-hand booksellers, or if so, he has not had the good fortune to find them. His private collection of old and rare books on ophthalmology is very fine. He has nearly all the works of the celebrated Chevalier Taylor, the wandering oculist of the sixteenth century. Some of the illustrations of these books are very quaint, and some have an excellence that is not at all in keeping with our ordinary conception of the primitive art of book illustrating.

Mr. Windsor does not have a service now at the Royal Eye Hospital, but holds a clinic service twice a week at the Royal Infirmary. The Royal Eye Hospital is, next to Moorfield's, in London, the largest Eye Institution in England. Its number of patients yearly is about 8000, and the operations are about 700, of which nearly 200 are for cataract. It has only three surgeons, and the duties of these, as is readily seen, are very onerous. The number of traumatic injuries to the eyes is very large.

I go to London in a few days, from which place I will send you jottings of whatever I may find that I think would be of interest to the large circle of readers of the Reporter.

Swan M. Burnett, M.D.

## DOMESTIC.

### On "Driving In" Skin Diseases.

Ed. Med. and Surg. Reporter:—

In the Reporter for February 20, 1875, page 156, I notice a few comments, under the heading "Is There Danger of Driving in a Skin Disease," at the close of which you intimate a desire to have the subject discussed by some of your readers.

The question, as you remark, is a practical one, and will bear further discussion. I will, therefore, submit a few of my own observations and conclusions on the subject, for publication in the Reporter, if you deem them worthy of its columns:—

My attention was first called to this subject before I began the study of medicine, by the following occurrence:—

In the summer of 1863 I was boarding with a family in Rochester, Pa., the youngest of whom was a girl about two years old. I noticed that the child was well nourished, and apparently in good health, with the exception of, to me, at that time, a very disgusting eruption, covering the entire scalp with one almost continuous scab.

One evening, shortly after retiring to my

room, I heard a great lamentation in the sitting-room, and upon entering the room to see what was the matter, I found the child was dead.

The mother told me that she had called in a doctor to see the child, on account of the eruption. That the doctor had directed her to poultice the head in order to soften the scabs, so as to enable her to remove them more easily, and prescribed a wash for the head, to be applied after the removal of the scabs.

That she had poulticed the child's head through the day, and not an hour before the child's death had removed the scab and applied the wash. That the child was as well as usual when the wash was applied, and that she did not notice anything wrong with her till she went into a convulsion, and was dead in five minutes. The eruption was "driven in."

The occurrence made a deep impression at the time, but I did not understand its whys and wherefores till since I studied medicine.

Another case that came under my professional observation shortly after I began to practice medicine, is perhaps of sufficient interest to be recorded, as tending to illustrate this subject. I was called to see a child, about two years old, well nourished, bright, and as pretty as a picture, with the exception that it had a breaking out, as its mother called it, on its head. I examined the child and could discover no derangement of the digestive organs, nor any other exciting cause of the eruption, excepting that the child was teething. The child, in other respects, was in perfect health. Having the case I have just narrated before my mind, I explained the case as well as I could to the parents, and prescribing a wash, as a placebo, to satisfy them, concluded to let the breaking out—eczema—take care of itself.

This condition of affairs continued about a month, the eruption getting worse, until the child's head was almost entirely coated with a black, unsightly scab, but in every other particular it was in perfect health.

One day the father of the child called upon me, and in an excited, and rather rough manner, said he wanted me to do something for his child; or, if I could not, to say so, and he would get another doctor. He said some of the old women had been to see it, and they said it was erysipelas. I again explained the nature of the disease to him, and told him that I did not want to heal it up; that the eruption was warding off the disease from the brain; that the child was in perfect health, with the exception of the eruption, and that if the eruption was "driven in" before the teeth were cut, the child would die of disease of the brain before a week. But as he still appeared dissatisfied, I prepared the following wash,

℞. Hydrarg. bichloride, ℈j
Alcohol, ℥iv. M.

And directed that it be applied to the parts affected, lightly, once daily, and to discontinue the application if the eruption appeared to be drying up too rapidly.

In a few days I called to see the child, and found the mother delighted with the rapid drying up of the breaking out. She had applied the wash frequently and freely. I saw at once that the eruption was disappearing, but at the same time I saw unmistakable symptoms of disease of the brain; and notwithstanding my best efforts, aided by good medical counsel, the child died in less than a week, of inflammation of the brain. I regretted very much that I had trusted such an application in the hands of the parents, notwithstanding my care in warning them of the danger of its too frequent, or free application.

The practical conclusion I have arrived at, from the study of these two fatal, and other not fatal cases is, *not* to "drive in" an eruption on children by direct applications, before first removing the exciting cause of the disease, unless in cases dependent on a local irritation. Where the eruption is not dependent on local cutaneous irritation, I have always found the eruption salutary, warding off the disease from more important organs, and acting as a vent, as it were, for an irritation, which, if not allowed to escape in this, not the least dangerous manner, would fall, with fatal effect, upon some vital organ, generally the brain. Nature institutes this affection to protect herself from the dangerous accumulation of an irritation in the system. These eruptions are most frequent during childhood, especially at the time of dentition, a period marked by a greater death-rate than any other in the life of man; but I do not now recall a single instance of death occurring during dentition, if there were at the same time an abundant eruption over the scalp while that process was going on.

As to treatment, I generally let the eruption take care of itself, and give my attention to the removal of all possible causes of irritation. So far as it is practicable, I find that in most cases the eruption is dependent upon some derangement of the digestive organs or irritation of the nervous system—very frequently dentition—and by remedying these difficulties the eruption subsides without any direct local application to the affected parts. I say to the young practitioner (if after having put every organ in a healthy condition, and the child in perfect health, the eruption still continues unsubdued), don't, as you value your little patient's life, attempt to "drive in" the eruption by external local application. Nature will get rid of it just as soon as it will be safe to do so.

Attend to the general condition of the child's health, and let the eruption alone, with the exception of the observance of the rules of cleanliness.

The eruption will not kill the child. I have never known a child to die from the effects of such an eruption. On the other hand, a sudden disappearance of the eruption, without the removal of the exciting cause, is most certain to be followed by disease of the brain or other vital organ, terminating rapidly in death if the eruption cannot be reëstablished.

In conclusion, I would say that a classification of those eruptive diseases incident to childhood, with a direct reference to their exciting cause, would be much more practical, although less scientific, than the one now generally in use, based as it is upon the characteristic form or appearance of the eruption. H. NYE, M.D.

*Enon Valley, Pa., June 1st*, 1875.

## NEWS AND MISCELLANY.

### The German Public Health Association.

This Association meets this year in Munich, September 13, 14, and 15. It may interest some of our sanitary readers to know the subjects laid down for discussion. They are as follows:—

1. Determination of a plan to study epidemics of typhus.
2. On the hygienic requirements of new buildings, especially in the new quarters of large cities.
3. Requirements of the diet in orphan asylums, barracks, prisons, and also in common life.
4. On the objects, means and limits of the inspection of bread and meats.
5. On public slaughter houses, with special reference to the duties of communities toward butchers.

### The International Medical Congress.

The Organizing Committee of the Medical Congress, which is appointed to meet at Brussels, on September 19th, gives notice that a section of psychological medicine has been created, which will occupy itself with questions bearing reference to mental diseases, the treatment of the insane, etc. The Committee has also decided on organizing an exhibition, to be open during the congress, and near the building where it meets, of new instruments and apparatus used in medicine, surgery, physiology, ophthalmology, etc.

### Sunstroke.

Dr. Snow says, in his report as registrar of Providence, for June, 1875,

"There was one death in June, from heat, or sunstroke, as it is popularly called. The decedent was of foreign birth, and recently arrived in this country. I think that investigation would show that nearly, if not quite, all the decedents from sunstroke are of this class. I have known of more than twenty deaths from this cause, and there was not a single decedent among them of American birth; every one was of foreign birth, and not long in this country. This fact is important in connection with the history and causes of this disease."

This does not agree with the experience of the army surgeons. Many native Americans suffered from sunstroke during the war, and we have known a number in private practice.

### A Judicious Custom.

Attached to the notice of the death of a little child, of scarlet fever, published in a contemporary, is the following significant warning: "In consequence of the nature of the disease, the funeral service will be private, and, therefore, hour and place are not given." This evidence of good sense, and of feeling for others, on the part of the parents, should entitle them to the increased love of their friends. Malignant diseases are often spread by contact at funerals, simply from the fact that invitations are extended to the services, to old and young, without intimation being given as to the cause of death. (Med. & Surg. Reporter)

## QUERIES AND REPLIES.

EDITOR REPORTER:—In answer to Dr. R. M. H., in REPORTER, May 29th, 1875, I will say that for several years past I have abandoned all Solutions of Morphine for hypodermic use, but carry with me powders, of ¼ and ⅓ gr. each, of Sulph. Morphine. Drop a powder in a teaspoon, charge your syringe with the quantity of water desired, then discharge the water into the spoon, agitate for a moment, and you have a clear, *fresh* solution, free from sediment and all impurities. Draw this solution into the syringe, exhaust the air, and it is ready for use. A little caution should be used to prevent blunting of the point of the needle. I find this the most convenient and *purest* solution that I have ever used. Have never had an accident follow its use. I have a patient under treatment now, that has taken, at least, three hundred doses in this way, and with entire satisfaction to all concerned. S. W. JONES, M. D.

*Pine Bluff, Ark.*

*Dr. M. S., of Mo.*—"Can you inform me whether the prolonged use of potassium iodide will loosen the teeth?"

*Reply.* It has been known occasionally to salivate, but this has been explained by "rendering active the effects of mercury latent in the system." We do not find evidence that it will affect the teeth in non-mercurialized constitutions.

*Dr. W. H. O., of Wis.*—The nitrite of amyl is applicable in headaches which do *not* depend on cerebral congestions, recent or past. It is contra-indicated in such cases. You will find information about it in the last volume of the REPORTER, pp. 208, 493.

## MARRIAGES.

HARRISON—MANN.—At the residence of the bride's parents, near Galena, Ill., June 15, 1875, by the Rev. Jos. Wasseli, D.D., W. H. Harrison, M.D., of Apple River, Ill., and Miss L. Annie Mann.

## DEATHS.

BECKWITH.—In Angola, N. Y., June 4th, of hemorrhage from the lungs, Oliver W. Beckwith, M. D., aged 57 years. Buried Sunday, the 6th, with Masonic honors.

CURTIS.—On the 17th of June, at the residence of his father, Col. W. B. Curtis, West Liberty, W. Va., J., Montgomery Curtis, M. D., of Moundsville, W. Va., aged 31 years.

THE

# MEDICAL AND SURGICAL REPORTER.

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## Original Department.

### Lecture.

### A CLINICAL LECTURE, DELIVERED AT HOWARD HOSPITAL, February 20th, 1875, ON CHRONIC SUPPURATION OF THE EAR.

BY LAURENCE TURNBULL, M. D.

Reported by Dr. J. W. Barr.

Gentlemen:—In this lecture I shall dwell upon "Chronic Suppuration of the Ear," the result of scarlet fever, or, as it is better understood, by the old term, "Otorrhœa." A chronic discharge of pus from the middle ear, petrous portion of the temporal bone, cells of the mastoid process, surface of the membrana tympani. This affection of the ear is not so amenable to treatment as otorrhœa, the result of cold, etc., and on this account it is my duty, before you leave the clinical instruction received in this institution, to give you all the information on the subject, for I find it is one on which I am constantly receiving letters in reference to its treatment, accompanied with the following expression: "One of my children, or a patient of mine, has suffered from scarlet fever more or less severely in childhood, which left him or her with a discharge from one or both ears more or less profuse, but always offensive, and in some instances tinged with blood. I have tried every means to check it that I know of, and all that have been recommended by my medical friends, and as yet with no favorable results."

This chronic inflammation of the middle ear, with suppuration, is one of the most tedious affections of the ear the physician has to treat, and is the chief cause of non-congenital deaf-mutism. This is proven by the records of the institutions for the deaf and dumb, of this country, and of Europe.* In some instances this suppuration is of long duration. In my practice one case had existed for thirty-five years, another eighteen years, and a third twelve years. In several other cases the duration was respectively one, two and three years. Even after apparent great improvement, the patients, on the slightest exposure to a draft of cold, damp air from an open door or window, or the feet becoming very cold or wet, will have occasional attacks of subacute inflammation, followed by a discharge more or less profuse.

*Symptoms.*—The first and most prominent symptom is the difficulty of hearing, or deafness. Second, pain, which is not constant, but paroxysmal, or occurs when the pus accumulates behind the opening, or perforation, which is too small to let it pass out freely, or from pressure on the membrane before giving way. The third is the discharge, which fills up the external meatus, is usually of a yellow color, more or less tinged with blood, and occasionally blue-black or brown. There is always more or less odor, depending upon the gases eliminated, or from retained secretions, or altered cerumen, and from the decomposing pus, blood and bone. In almost every instance where the pus has been in contact with the membrana tympani, it softens it, causing more or less of a tendency to perforation.

*Diagnosis.*—This will, in almost every instance, depend upon the history and duration,

*Clinical Manual of Diseases of the Ear. By Laurence Turnbull, M.D. J. B. Lippincott & Co. Also Defects of Sight and Hearing, Ed., p. 134.

as in this form it may be of months' or of years' standing. If blood is found in the discharge it is of great assistance in confirming the diagnosis of disease of the bone.

*Prognosis.*—Our prognosis is in most instances unfavorable. It is both difficult to cure, and requires a long time to relieve the patient. It is also very liable to relapse.

*Treatment.*—The first and most important matter is the removal of the secretions. This is accomplished by the syringe, and a warm solution of borate and bicarbonate of soda, each one drachm to a pint of hot water.

But the syringe cannot be employed in this class of cases by the patient, owing, in most instances, to the softened and altered condition of the membrani tympani, the full stream of medicated water being apt to cause laceration.

Again, the syringe is difficult to keep clean, and is apt to become dry and unfit for use. In the ear-douche we find a much more agreeable agent, always ready for use, not liable to get out of order, and perfectly safe in the hands of our patients. If the physician employ the syringe, it should be done with much caution, using no force, being particularly careful that the piston be not stiff, and in no case should the stream ever strike the centre of the membrana tympani with force, but always directed to one side, so as to obtain the reflux of the fluid. With all our precautions, syringing, in a certain class of cases, will cause giddiness, and attacks of fainting and cough.

Should the patient be subject to boils, or furunculous abscesses in the auditory canal, wetting the parts is to be avoided, the ear then being cleansed with cotton wool, on a pair of angular or curved forceps.

If the pus is in the middle ear, and the opening in the membrana tympani small, the patient being unable to force the matter out by the process of valsalva—(namely, a prolonged inspiration and expiration with the nostrils closed), even if the operation is frequently repeated, then the physician must employ Politzer's process, which consists in this:—Take a straight or slightly curved tube, open at both ends, twelve or fifteen inches in length; this being introduced about half an inch into either of the anterior nares. The nares are then closed air-tight over the tube by gentle pressure with the fingers on both alæ nasi, prior to which the patient takes a small quantity of water in his mouth, which he swallows exactly at the same moment that air is blown into the tube, which may be done by the operator having the other end of the tube in his mouth, or an india-rubber bag being attached to the tube, and compressed by the hand of the operator or assistant.

If the physician can attend to his patient every few days, it is better to use the Eustachian catheter, and blow the secretion out, as in this way it is not so apt to pass into the mastoid cells, as when Politzer's process is employed. In this way all the secretions are thoroughly removed, and the Eustachian tube, the natural way of escape, is kept patent.

The third stage of treatment. In some of the cases simple cleansing will not remove the odor, owing to the decomposition of the purulent matter, and the generation of gases. This may be overcome by the use of antiseptics, and disinfecting solutions, as for instance, tar or chlorine water, acetic alumen, carbolic acid, and permanganate of potassium, and salicylic acid,* and always in very weak solutions; never more than from one to three grains to the ounce of tepid water, of the acetic alumen or permanganate of potassium, and of the carbolic acid from five to ten drops of officinal diluted acid to the ounce, remembering that these agents must pass, if there is a perforation of the membrana tympani, into the sensitive membrane of the middle ear.

Fourth. Almost all aural surgeons have agreed upon certain astringent substances which are safe, and proper to use in this class of chronic cases; and among the number the sulphate of zinc is one of the best, being employed in about the strength of from one to three grains to the ounce of water. Stronger solutions of this salt are resorted to, and are all right and proper if there is no perforation of the membrana tympani. But if there is an opening in this membrane, no matter how small, it is safer, and gives less pain to the sensitive middle ear, to resort to the milder solution, not exceeding three grains to the ounce of water. The alumin salts are apt to cause abscesses. Nitrate of silver, in this class of cases, is very objectionable, especially in very strong caustic solutions, even when subsequently neutralized by a solution of common salt. This agent, used in the manner above alluded to, may cause a new disease, which has been noticed in a work

*Make this solution in glycerine, three grains to the fluid ounce.

of high authority,* and actually named "Aural Surgeons' Facial Paralysis," caused by the introduction of a strong solution of nitrate of silver into the left meatus (forty to sixty grains to the ounce of water), through a glass tube, and then blowing it through the Eustachian tube. This proceeding, which I consider most unjustifiable, caused at once excruciating pain in the head, and paralysis of all the muscles animated by the portio dura. I was consulted three months afterward, when the paralysis remained complete. It is fortunate for these poor patients, that the constant use of electricity, employed regularly for two or three months, cures "aural surgeons' facial paralysis." If solutions of nitrate of silver are resorted to, from ten to twenty grains to the ounce of water is all that is necessary, and used only in properly selected cases. Solutions of nitrate of silver should always be applied to the parts by means of a pledget of sponge, cotton-wool, or by a glass rod. Even with all my care, I have had to follow, even such a solution, an acute attack of inflammation of the mastoid cells, threatening the life of the individual.

After the use of the astringent for four or five weeks, it is well to change it, or add a solution of two grains of sulphate of copper, or nitrate of lead.

In caries of the petrous portion of the temporal bone, which is apt to be developed in the course of this disease, when improperly treated, or when there has been no treatment, sulphate of copper is highly spoken of by Rau.

Caries of this bone will cause its local destruction, and gives occasion to sudden loss of life from embolism, blood poisoning, and inflammation of the brain substance, terminating in suppuration, one of the most frequent consequences of caries of the ear.

The pain of this form of caries is usually severe, and is described by the patient as of a deep boring character, lasting for weeks without interruption, and often appears suddenly, especially during the night, while in bed. According to Professor Von Troltsch,† "It has frequently surprised me, that when suppuration of the ear has taken a dangerous turn, lead lotions are colored black, and on the other hand this coloring no longer occurs when the process tended to improvement."

This same authority states that "Special care must be taken not to diagnose a carious process from the sharp penetrating odor of the discharge. The older the puriform secretion, and the more material for forming the fatty acids it contains, the more offensive is its odor."

The safest indication of caries, according to the same authority, is "Microscopic examination of the matter, which reveals to us particles of bone." This he considers very much safer than finding elastic fibres in the discharge, since these are found also in the cutis layer of the meatus, and of the membrana tympani.

"The least suitable, although the most usual method of gaining the information as to the presence of caries in the deep parts of the ear, is the probe, especially when sight does not guide the hand, *i. e*, when the parts examined are not carefully illuminated and inspected during sounding."

The following case of caries is interesting, from the duration of it, and the slight effect it seemed to have upon the general health of the individual:—

May 30, 1874. J. P. W., of Philadelphia, aged 24 years. Duration of the discharge from the ear, eighteen years. An abscess in the meatus, which opened spontaneously, and causing a discharge daily of pus, varying in consistency, and mixed occasionally, say once a month, with blood or shreds of flesh. Had hip disease at the age of three years, caused by jumping. Taking the advice of a celebrated surgeon, he remained lying in bed for three years, the hip becoming anchylosed, and limb shortened, but well. At present general health perfectly good. Right ear, normal; left ear, diseased. Tuning fork C 5120, heard on forehead, not in front of meatus. Ordinary watch not heard, nor loud ticker of thirty feet. A König steel* rod, of twenty thousand vibrations, heard only like a knock.

Half way within the meatus, on the roof of the petrous portion, is a nipple like process, exposing a piece of bone, which can be seen by Blake's mirror, and touched with a probe, giving a rough feeling. Meatus looks dry and free from discharge; fundus of membrana tympani of an opaque and glistening aspect. No details, and above the superior portion of the mem-

*Treatise on Medical Electricity, by Dr. Athaus, page 438.

†The Surgical Diseases of the Ear, by Prof. Von Troltsch. Translated by James Hinton, London, 1874.

*Experiments to Determine Limit of Perception of Musical Tones by the Human Ear, by Laurence Turnbull, M. D. From Proceedings of the American Association for Advancement of Science. Stated meeting, August, 1874.

brana tympani, in the roof of the meatus, there is a triangular opening. A probe can be passed up into the opening about 1 m, and the meatus looked like pseudo-membrane, as it showed no details, but the moment it was gently touched, a rustling sound was heard by the patient. Edges of the opening white and smooth, from being touched the day before with nitric acid. Edges of ulcer somewhat sensitive. It was also touched, after being cut into, with pure carbolic acid and iodine, and a powder of powdered alum and sulphate of zinc employed to diminish the discharge, which only required cleansing once daily.

During your six weeks' attendance at this daily clinic, you have been able to see every variety of chronic inflammation of the middle ear, and some of the complications, with operations for their relief. The most interesting and important in general practice, are the diseases of the mastoid process; in chronic suppuration of the ear is, first, simple congestion of the mucous membrane, in its first stage, following the acute inflammation of the external auditory canal. Then acute inflammation with a deposit in the cells, and disease of the periosteum, and lastly, caries, with pus within the mastoid process.

To illustrate the forms of this disease, I bring before you, first, a case of congestion of the surface of the mastoid, passing into acute inflammation of the lining membrane, and in the second, disease of the bone, passing into caries, with removal of the surface of the cells, and recovery.

J. T. I., aged 25 years, a coachman, was exposed upon his box during the severe weather of December, 1874; he had a chill, followed by intense throbbing pain, with deafness. Some relief followed when a free discharge took place from the external meatus. He placed himself under the care of three different physicians, but instead of getting better he became worse, and when he presented himself, the following were the notes of the case:—

On examination the region over the mastoid process was swollen and tender on pressure. The auditory canal contained a small amount of pus, and he was entirely deaf in the left ear. On removal of the pus the membrana tympani was perforated. An incision was made, December 10, down to the bone, which discharged blood but not any pus; a tent was placed in the opening. He was directed a warm-water dressing to the ear, by means of the ear douche, and an alkaline astringent, to assist in healing, while an anodyne was given at night, quinine through the day. Four days after, December 14, a second opening had to be made, on account of the parts closing too soon, and he now, December 30, comes to the hospital to show the results of the treatment. He has still some pain along the muscles of the neck; discharge almost gone, and feels quite well.

Another case I brought before you, in an elderly female who had suffered for some time with acute inflammation of the middle ear, of many years' duration, complicated with polypi and mastoid tenderness, which was twice operated on, once by one of the students of the class, Mr. Lewis Baze, and the second time by myself, and in spite of her age the old lady has recovered, much to my surprise, as such cases are apt, in old people, to terminate in death.

The following is the record of a case taken by the resident physician, Dr J. W. Barr, which you all had an opportunity of seeing:—

William Roberts, aged 70 years; occupation, shoemaker. Case of chronic mastoid disease, with caries and perforation. Entirely relieved by treatment and remaining so (notes taken Jan. 22, 1875). The man was enjoying perfect health, and hearing well, until seven years ago, when the disease first manifested itself by a swelling under the lobe of the ear. Was leeched, and then opened. The opening was made about two or three weeks after the trouble first began, there being no discharge from the ear whatever. Then became a patient at the Eye and Ear Department of Howard Hospital. Dr. Turnbull performed a series of operations, cutting down to the bone, and inserting a tent saturated with a stimulating lotion. Then perforated the surface of the temporal bone, and exposed the mastoid cells, and with the removal of the diseased portion of temporal bone, the parts gradually filled up, by the aid of granulation, leaving a depressed cicatrix behind the lobe of the ear, being entirely healed, and no discharge from the parts whatever. Hearing distance of this ear, ten inches, with ordinary watch. Hears ordinary conversation without effort, while the sound ear was held closed by the hand. Patient doing well, and in good spirits. Had been under care at the hospital about eight months. A short time afterward, a swelling occurred upon the top of his head, being caused by air passing from the opened mas-

toid cells, puffing out the pericranium in small elevations, about the size of an ordinary marble. Four or five of these elevations appearing at about the same time, coming and going, lasting an hour or two, then passing away. Coming, you might say, in crops of four or five in number. The treatment ordered was, pressure, by means of bandages passing over the top of the head and mastoid processes. Entirely recovered from this attack in a month's time. The patient remaining in excellent health, and able to resume his occupation as before.

## Communications.

### AN INQUIRY INTO THE MORTALITY OF LIFE INSURANCE COMPANIES FROM CONSUMPTION, WITH A CONSIDERATION OF ITS CAUSE, AND SUGGESTIONS FOR ITS ABATEMENT.

BY WILLIAM B. DAVIS, M. D.,
Of Cincinnati.

A Paper read before the Ohio State Medical Society, June 16th, 1875.

REPORTED BY J. W. HADLOCK, M. D.

With the causes, pathology, physical signs and treatment of phthisis pulmonalis, you are familiar, and it is not my intention or province to treat of them or the disease itself, except so far as it may have a bearing on Life Insurance. My aim is simply to call the attention of the Society to the influences which phthisis exerts on Life Insurance, briefly discuss the mortality from it among selected lives, make a few suggestions for its abatement, and incidentally consider some of the duties, difficulties and embarrassments of the medical examiner. * *

Phthisis pulmonalis is, of all diseases, the one which life insurance companies most fear. And it is in the detection of traces of this formidable disease that medical examiners render the most service to the companies which employ them. Dr. Farr, Registrar-general of England, stated in one of his reports, "That consumption is the greatest, the most constant, the most dreadful, and the most fatal of all diseases which afflict humanity." In 1871 there were seventy thousand deaths from tubercular disease in England.

Dr. J. G. Fleming, Medical Adviser of the Scottish Amicable Life Insurance Company, states, in a recent report, that "of all diseases phthisis is the one which assurance companies most dread, as from it the greatest amount of premature mortality occurs."

Mr. H. W. Porter, in a paper entitled, "An inquiry into the question as to how far the inordinate mortality in this country (England) is controllable by human agency," states, "consumption is the great terror of the country. It has hitherto defied all human skill, and entirely baffled medical science."

In our own country the mortality tables of insurance companies indicate that consumption is responsible for one death in every four, and often for one in every three of the total mortality.

The policy-holders of a life insurance company constitute a society of selected lives, which should present a more favorable mortality record than that of the community at large. An applicant for life insurance must submit to an examination at the hands of a medical gentleman, who must certify that he is in sound health, and that his prospects for living out his expectation is favorable, before he can receive a policy. A medical examination, properly made and accurately reported, should and will guarantee an insurance company that its death-rate will be below that of the population at large. What are the actual results?

According to the last census report fifteen per cent. of all deaths in the United States were from consumption.

The Registrar-General of Great Britain reports the mortality from consumption in that country for the same period to be the same (15). The mortality from consumption among the selected lives of insurance companies is from 25 to 30 per cent.

It is true that the general mortality represents deaths at all ages, whilst the insured lives represent few under sixteen years. When this and all other exceptions are fully allowed for, the fact still remains that consumption claims a larger percentage of victims from selected lives than from the population at large, even after excluding those under sixteen years of age. If this be so, and all insured lives have been examined by medical men and recommended by them as sound and safe lives, is not this excessive mortality an opprobrium to the profession, at least that portion who are medical examiners?

It is true that individuals whose tenure upon life is doubtful will be more solicitous for the

benefit of life insurance than those who know that vigorous health and long life are their family inheritance.

It is equally true that the agent, the typical insurance agent, is a man of indomitable zeal, ready speech, emphatic utterance, and irresistible push. His object in life is to insure mankind and pocket the commissions. Every man whom he persuades to make an application for insurance, whom the medical examiner does not recommend, is the equivalent of so many dollars out of his pocket.

In addition to this, in many cases the examiner has been appointed at the suggestion of the agent, and is led to believe that his continuance depends upon his (the agent's) good will. Then the applicant may be a personal friend, a patient, or a person of great influence in the community, whose good will, or ill will, may be of great benefit or injury to him. These are some of the influences which are brought to bear upon the examiner; and it is not difficult to understand how a weak man, or an unscrupulous one, may be controlled by them. Yet they are considerations which no honorable physician can permit to swerve him from his conviction of duty. Now, what is his duty?

At the threshold of the door which this question opens, may be found the cause of the majority of failures of physicians to satisfactorily discharge the medical examiner's duties. A large portion of the practitioners of medicine have not given a thought to the medical questions which underlie life insurance. They do not seem to comprehend the full significance of an accurate and detailed family history, and it is difficult to make them understand that one of the most important problems, namely, longevity, is involved in this history. They know that certain diseases are constitutional and transmissible, yet when called upon to examine a party who is in the vigor of manhood, they will often unhesitatingly pronounce him a superior risk, although they may have just recorded the fact that several members of his family have died of hereditary disease. Most inexperienced examiners base their judgment solely upon the personality of the individual examined. "Every tub must stand on its own bottom," is a sentiment which has struck deep roots in American minds, and it is difficult to convince some persons of its fallacy when considering the expectation of an individual life.

Another source of misunderstanding on the part of the examiner is his relation to the company. He does not always understand that in accepting the office of examiner he has obligated himself to act in the company's interest. A physician is in honor bound not to betray the confidence of his patient; yet as medical examiner he is equally bound to set forth every fact having any bearing on his health or family history which a rigid examination can discover.* In every examination the interest and safety of the company must be kept steadily in view. Dr. Brinton aptly says: "With the examiner it is a question of safety; with the agent it is a question of commissions. The examiner is valued for what he detects and what he prevents. There is no doubt but for the scrunity of the medical examiner the fraudulent concealment of disease would be so frequent that the present system of life insurance would be impossible. We would have a class which might be regarded as selected expressly for their badness."

As it is, the ugly fact stares us in the face that there are more deaths from consumption among selected lives than from the population at large, even after excluding those under sixteen years of age. Why and how does this occur? Who is responsible? Can it be prevented? These are leading and important questions, which I will endeavor to answer.

1. Why does this mortality occur among insured lives? In my judgment it occurs because individuals who are conscious of the presence of phthisis, or apprehend its development, are more solicitous for the benefits of life insurance for their families than those blessed with vigorous health and a clear family record, and hence a large proportion of this class apply and receive insurance.

2. How does it occur that members of this class are accepted? Insurance companies would not accept them if all the facts in their history were clearly set forth. Hence deception has been practiced somewhere. After a careful examination of a large number of death returns and the applications upon which their insurance was based, I am convinced that the

* If a patient presents himself for examination for life insurance, concerning whom the examiner has information bearing on his personal or family history, which, if stated, would have a prejudicial influence on his life, said information having been obtained by virtue of his relation as family physician, it is the duty of the examiner to remind him of this information, and of its bearing upon his life, and to inform him that if he makes the examination it will be his duty to set forth this information.

deception mainly occurs in the suppression of facts relating to the family of the applicant; and it is accomplished by giving vague or indefinite answers as to the causes of death of parents, brothers, and sisters—namely, "Don't know," "change of life," "childbirth," "fever," "exposure," "debility," etc, when, in fact, consumption was the potent factor in producing death.

3. Who is responsible for the suppression of these important facts? I should say, first, the companies themselves; second, the agents; third, the applicants; and lastly, the medical examiners.

The company's responsibility lies in the fact of their permitting and even requiring the agent or applicant to fill up the blank pertaining to the family history.

In doubtful cases, when the applicant does not know, or is disposed to avoid a clear expression of the cause of death, a few leading questions from a qualified person will scarcely fail to elicit the probable cause. The knowledge necessary to ask these questions and judge of their replies is only possessed by an expert physician, and forms no part of an agent's education.

Then both agent and applicant are interested parties—the agent's being a pecuniary interest, his commissions amounting to several hundred dollars, often, on a single risk. The Agent's Manual informs him as to the cause of rejection. He knows that if hereditary disease has manifested itself in two or more members of a family, that family is debarred from the benefits of life insurance.

Again, most individuals are unwilling to believe that a hereditary taint exists in their family, and when any symptoms manifest themselves they are disposed to ascribe their presence to special causes, not hereditary in their character, as "exposure," childbirth," etc., and they say, often truthfully, that their relatives were in good health until their "exposure" or "parturition," and hence persuade themselves that these were the actual causes of death. When such a person is desirous of effecting an insurance on his life, and meets an agent, it is not difficult to understand how and why he reports members of his family having died of "exposure," "childbirth," etc., and it is not difficult to understand why the agent has no interest in sifting the statements of this person, and, furthermore, does not regard it as any part of his duty to doubt the accuracy of his allegations.

The applicant is now passed over to the medical examiner, and the only questions having a bearing upon the family history, which he is expected to consider and answer, are the following: 1. "Has the person any predisposition, either hereditary or acquired, to any local or constitutional disease?" 2. "Have the person's parents, brothers or sisters, been afflicted with pulmonary or other diseases, hereditary in their nature?" When the medical examiner comes to these questions he usually casts his eye over the family history, as recorded by the agent or applicant, and if he finds no record of hereditary disease he writes a negative response. His responsibility consists in not subjecting the applicant to a rigid examination as to the alleged causes of all deaths in his family, and satisfying himself as to their correctness, particularly when vague and indefinite expressions have been used.

4. *Can the present rate of mortality from consumption among insured lives be prevented?* In my judgment it can be very materially reduced.

(1.) By connecting all questions pertaining to the family history, and all questions relating to the present or past condition of health of the applicant directly with the medical examiner's blank, and requiring him to answer them. Two companies have adopted this method, and with the most satisfactory results.

(2.) Select the best physician in every local city as the medical examiner, particularly those skilled in physical diagnosis.

(3.) Revise the old rules governing companies in the acceptance of risks having a hereditary taint in their family history, and make the conditions such that but few can be accepted. It is a great injustice to the better class of risks to compel them to pay premiums sufficiently large to compensate the companies for their heavy losses in this class. I would not deprive these persons of the benefit of insurance, but I would arrange them in a class separate from others, and let their premiums be commensurate with the risk which the mortality tables prove it to be.

The rules governing insurance companies in the selection of risks having a consumptive taint in their families are based largely upon the belief that at the age of forty half the danger to consumption is over; and at fifty, three-

fourths. Recent investigation seems to antagonize this theory.

The latest English authority, Dr. Sieveking, in his work entitled, "The Medical Adviser in Life Assurance," says: "The proclivity to phthisis commences at puberty, and though the succeeding ten years are generally regarded as the most fertile period of life for the development of this disease, this view is based upon a fallacy, as the disease is statistically shown to occur with almost uniform frequency up to the decline of life. After fifty the proportion of deaths from phthisis to those living is nearly the same as at an earlier period."

On page 131 he states, "In life assurance the claims result largely from phthisis, and it is here that medical selection tells more according to the manner in which it is conducted than in any other form of disease . . . The tables of Dr. Chambers' "Decennium Pathologicum" give further proof that youth is not to be regarded as the "harvest time" of consumption, and that the proportionate mortality from that disease does not vary between the ages of fifteen and seventy." (Table on page 132.) Under the subject of the special tendency to hereditariness in phthisis, he states, "It is here, therefore, peculiarly necessary that the family, as well as personal antecedents of the future policy-holder, should be carefully investigated. And we warn the medical officer against yielding to the popular impression that this inquiry becomes unnecessary after full manhood is reached, as the danger to phthisis continues beyond the age of sixty."

Dr. Begbie, in "A Report on the Cause of Death among the assured in the Scottish Widows' Fund," states that but *six per cent.* of the total mortality was from consumption; and adds, "This gratifying result in the experience of the Society is no doubt due to the care and caution exercised by the Board in the selection of lives as far as possible free from consumptive taint, and chiefly to the rejection, as ineligible, of all the younger applicants for assurance in whose immediate family tubercular disease has unequivocally manifested itself. The effects of this procedure are clearly shown by decennial periods in the two reports."

The company with which I am associated has not adopted the stringent rule of the "Scottish Widows' Fund," but still adheres to the rules which govern most companies in the selection of risks having a constitutional taint in their families. It has, however, permitted the Medical Directors to embody all questions pertaining to the personal history of the applicant in the medical examiner's report.

We require definite and well considered answers to these questions. particularly those relating to the causes of death. Vague expressions, as "change of life," "exposure," "childbirth," "don't know," etc., are not received, or failing to obtain more accurate information, are regarded as prejudicial to the life of the applicant. The question of longevity, as well as that of hereditary disease, being involved in the family history, we are particular in requiring the ages and cause of death of grandparents to be specified. A sufficient length of time has not elapsed since the adoption of this plan to present reliable data; yet it is an encouraging fact that during the period of its operation our mortality from consumption has been much lower than ever before, being 14.28 per cent.

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## SUCCESSFUL TREATMENT OF MALIGNANT DIPHTHERITIC SCARLATINA.

BY THEODORE H. JEWETT, M. D.,
Of South Berwick, Me.

I have used the following treatment with the highest success and satisfaction, in the most hopeless cases of malignant scarlatina, and it is my wish that this communication may reach every physician in the country. I believe that by its adoption many valuable lives may be saved.

Fit a large gum catheter (or any straight catheter) to a two or four-ounce syringe. Then fill both syringe and catheter with a mixture of Tilden's bromo-chloralum and water; one part of the former and six of the latter. With this, inject thoroughly and cleanse the nasal passages and throat, first through one nostril and then through the other nostril, being careful to oil the point of the catheter and depress with the point of the finger the entrance, so as to render the passage of the catheter easy. The catheter need not be passed in more than than two inches. This injection may be repeated every four to six hours, until the patient is better, and then less often. Large quantities of very foul discharges will take place, perfect disinfection ensue, and immediate improvement of the mucous surfaces, with rapid

removal of stupor. In connection, I would advise as restorative treatment, also to neutralize the poison, the internal use of the two following mixtures in alternation, every four hours or two hours apart, viz.:—

℞. Tilden's bromo-chloralum, ℥j
Water, ℥vj. M.
Sig. Teaspoonful for a dose, in some water.

℞. Pulv. chlorate potash, ʒiss
Hot water, ℥iij
Sugar, ʒss
Tr. muriate of iron, ʒj. M.
Sig. Dose, teaspoonful once in four hours, in some water.

I think it well to oil the throat and the entire surface of the body with warm bacon fat, once in four to six hours. This will cool the patient sensibly after each application, and better than water; although tepid water may occasionally be applied. Milk diet should be given, and good air be maintained in the apartment. The treatment now advised is only called for in those cases most malignant and hopeless.

In simple cases, very little is required other than the use of good judgment as to air, proper diet, a regard to temperature and rest. In such cases, the alternate use of aconite and belladonna is often of service, also carbonate of ammonia. In malignant cases, for which I have advised the treatment indicated in this paper, they are useless.

## Medical Societies.

### NEW YORK PATHOLOGICAL SOCIETY.

PRESIDENT, DR. FRANCIS DELAFIELD.

#### Tumor of the Stomach.

Dr. Delafield presented to the society a specimen of tumor of the stomach, about the size of a hen's egg. There was no ulceration of the mucous membrane covering it, and Dr. Delafield was of the opinion that, although usually classed as malignant, there was no histological reason for so considering it. No secondary tumors were found anywhere else in the body, and the microscopic examination showed it to be made up, in great part, of connective tissue. The only history obtained was that the patient had vomited for twenty-four hours previous to her death. This was all of the time that she was under observation.

#### Aneurism of the Carotid Artery.

Dr. W. H. Draper presented a case of aneurism of the carotid artery, of much interest, from the fact that aneurism of the aorta was suspected. The heart was dislocated to the left, and at the autopsy it was found that the dislocation was caused by a pleuritic effusion on the right side. The bruit, which was heard so distinctly before death, had its origin in the carotid artery, where an aneurism was found, nearly completely filled with fibrine.

#### Aneurism of Aorta, in which Diagnosis of Aneurism of the Innominate Artery was made.

Dr. Janeway presented a case of aneurism of the aorta, of peculiar interest in a surgical point of view. The aneurism had pushed aside the innominate artery and appeared in its place. At one time it was questioned whether or not an operation would not be advisable, under the above supposition. The case was not operated on, however, and eventually died. Dr. Janeway said that a similar case had come under his observation, where the aneurism had been treated by tying the innominate artery. When the case presented by Dr. Janeway was examined, post-mortem, the innominate artery was found pushed aside, and the aneurismal protrusion pushed forward and upward at the sterno clavicular junction.

#### Hemorrhage into the Pleura, a Consequence of Pleurisy.

Dr. J. H. Pooley presented a case of pleurisy in which the pleural sac was about half filled with blood. When the pleura was examined it was found to be very vascular. There was also disease of the heart. Dr. Delafield said that he thought the explanation of the case was, that the disease of the heart which existed caused engorgement of the thoracic organs, and as a result, extravasation in the case of the very vascular pleura.

#### Bloody Tumor of the Pancreas.

Dr. T. E. Satterthwaite presented a pancreas in which there was an effusion of blood. Dr. S. said that the patient had, at different times, attacks of jaundice, and latterly there was a tendency to purpura hemorrhagica. He found the pancreas filled with blood, and no cause in the shape of obstruction to the pancreatic ducts. The obvious cause was rupture of a vessel. Dr. Janeway drew attention to the fact that the biliary acids in the blood eventually tend to its decomposition.

### PROCEEDINGS OF THE CASS COUNTY, INDIANA, MEDICAL SOCIETY.

The Society met in Logansport, June 30th, 1875.

After the usual business Dr. Adrain presented a patient who had a sore mouth, which he desired the members of the Society to examine, and give the etiology, true pathology and therapeutics of the disease.

Dr. W. H. Bell said the case was one in which the epithelium was prone to slip off and be restored. Its causation and pathology might not be known.

Dr. G. N. Fitch said it is like that of a num-

ber of other anomalous cases of disease of the mouth and tongue. It was endemic in this (Cass) and the adjoining counties in 1838, and cases have appeared, in greater or less numbers, since then. The first symptom is a burning sensation of the tongue, expressed by the patient as a stinging heat. It is not necessarily followed or accompanied by any abnormal condition of the digestive organs. The burning may increase slowly, but upon taking stimulating or hot substances into the mouth, the distress is increased. Its appearance is florid at the tip and edges, which red appearance may disappear and return again with a still more intense burning. The organ may become glossy, deep red, resembling raw beef, and stripped of epithelium. If the disease left or subsided in the tongue, it sometimes appeared to affect the soles of the feet.

Dr. Coleman said he had seen and prescribed for this patient, and he had thought it the same disease mentioned by Dr. Fitch.

He alluded to a paper read before this Society during the past year, upon this subject, from which, in addition to the above, we quote, that later in the disease the papillæ of the tongue disappeared, and the saliva seems burning hot; the tongue is diminished in all its dimensions; the lips may become cracked and excoriated, and there are longitudinal fissures of the tongue in some cases. After the formation of the fissures the pain is greater, and nothing but the mildest character of food or drink can be taken, though the appetite is good, and the subjects of the disease may be able to attend to business the greater portion of the time. The pathology of the disease he could not give, as he had no opportunity to make any post-mortem or microscopical examinations.

The treatment had not proved as satisfactory as desirable, because it did not give immediate relief. Tonics and alteratives gave no immediate relief. Creasote, he thought, had done well in some cases. The patients usually recovered soonest during warm weather. In cases where the feet were affected, those who were farming, and walked in freshly plowed earth, were benefited.

Dr. Adrain introduced a case of ulcerated cornea, which was examined and discussed at length.

Dr. Bell introduced a case of disease of the tibia, which was examined and prescribed for.

Dr. Adrain read a paper on cerebro-spinal meningitis. He advocated the idea that the disease was caused by a blood poison. The paper was discussed with much interest by Drs. Fitch, Bell, Adrain and Coleman.

The papers of Drs. Bell and Justice were postponed until the next meeting.

The annual election was then held. President, Graham N. Fitch; Vice President, R. Faber; Secretary, I. B. Washburne; Treasurer, J. M. Justice; Censors, J. A. Adrain, W. H. Bell and J. Z. Powel.

Adjourned to meet October 6, 1875.

I. B. Washburne, M. D., Secretary.

*Logansport, July* 10, 1875.

# Editorial Department.

## Periscope.

### Symptoms Connected with Obstructions of the Lachrymal Canals.

Dr. C. E. Fitzgerald, at a meeting of the Dublin Medical Society, reported in the *Irish Hospital Gazette*, drew attention to the desirability of careful examination of the lachrymal passages in the various forms of ophthalmia. This is not at all fully treated of in any standard English work on ophthalmology, and he believes in no foreign text-book except Galezowski's treatise on diseases of the eye. That author states that even slight obstructions of the lachrymal passages are frequently accompanied by symptoms which may assume a grave aspect. Dr. Fitzgerald's experience confirms this assertion, and convinces him that these symptoms have hitherto been ascribed either to the special affections they simulate or to some general constitutional disturbance, or the patient has been regarded as a hypochondriac. According to Galezowski, these obstructions may produce a special form of conjunctivitis, termed by him lachrymal conjunctivitis, characterized by its gradual and insidious invasion, and a peculiar vesicular eruption on the palpebral conjunctiva. Suppurative keratitis and blepharitis may be a further consequence. The most remarkable consequence, however, is the appearance of a train of symptoms exactly resembling those which mark the presence of asthenopia, viz., inability to use the eyes for any close work, such as reading or needlework, without experiencing intense uneasiness in and around the eyes, and in aggravated cases pain in the eyes and across the brows. If the eyes be still applied to close work the sight becomes confused and clouded. The symptoms are greatly aggravated by artificial light. Photophobia is frequently added, and in one case, observed by Dr. Fitzgerald, was so intense that the patient had to use an eye-shade and sit with her back to the light. Lachrymation is seldom, if at all, complained of, and in the most aggravated cases

it is exceptional to find it. The obstruction may occur in the puncta, canaliculi, or nasal canals. The puncta may be narrowed, and are sometimes so small that it is difficult to introduce Bowman's small director, or the very fine silver probe of Anel's syringe. When the obstruction is in the nasal canal it is probably owing to thickening of the mucous membrane. Dr. Fitzgerald confessed his inability to account for the manner in which the symptoms are produced. Galezowski attributes them to the irritative action of the tears lodged in the *cul de sac*, and says that they change from neutral to a distinctly alkaline state. The treatment obviously consists in removing the obstruction. Dr. Fitzgerald injects water through the lower canaliculus, by means of Anel's syringe. If there be an obstruction in the nasal canal the water returns through the upper puncture and fills the conjunctival *cul de sac*. The syringe not only thus aids in diagnosis, but often overcomes the obstruction in mild cases. It may be better, on the whole, to slit up the canaliculi, for then, if the symptoms persist, the nasal canal can easily be catheterized. Conjunctival irritation may be treated with a mild astringent lotion. Dr. Fitzgerald narrated three cases illustrating this peculiar affection. In the first, syringing the lachrymal passages proved of some benefit; the canaliculi were slit up, and both nasal canals found obstructed; after being some time under treatment, the patient was enabled to work by gas and lamplight, and expressed himself surprised at the improvement. In the second case, syringing the lachrymal passages for some time enabled the patient to read with ease and comfort without glasses, which had been previously required. The third case experienced no relief from the syringe. Photophobia afterwards set in, and slitting up the canaliculi proved satisfactory.

### The Histology of the Testis.

The anatomist. Langerhans, has recently studied the histological changes in the epithelium of the vas deferens and vesiculæ seminales at various periods of life, as indicating their sexual development. These passages in infants are lined with a stratified epithelium, varying in height and of many layers, the cells, though finely granular, not containing coarse granules or pigment. The most superficial present a fine glistening cuticle, or rod-border, as Klein has indicated, next the lumen of the tube. At puberty the epithelial cells vary somewhat more in height, the cuticle-border has disappeared and is replaced by small granules. In adults the cells are larger and much broader, though somewhat diminished in height. At this period they are stratified in two distinct layers, small round cells with large nuclei underlying large columnar cells with long nuclei and basal processes which pass between the round cells into the subjacent connective tissue, those of the vas deferens now containing coarse granules above their nuclei, those of its ampulla and the vesiculæ seminalis characteristic pigment granules. They gradually diminish in size from the lower end of the vas deferens in its ampulla and the vesiculæ seminalis. The marked difference which exists between the epithelial cells of the ridges and depressions of the ampulla, is not found in the vesiculæ seminalis. Large cells are seen among the epithelial cells throughout, at all periods of life, but they attain their maximum of development in adults in the ampulla and vesiculæ seminalis. Langerhans points to the fact that only one other epithelium, the germinal, presents a similar condition; and the embryonic region, from which the germinal epithelium and the Wolffian bodies take their origin, has been shown by Roniti, to be the same. The possession of germinal epithelium by the Wolffian bodies and their later derivatives may be thus satisfactorily explained. The epithelium of the canal of the epididymis is essentially the same as that of the vas deferens, save that the columnar cells are ciliated.

### On Summer Pneumonia.

The *Irish Hospital Gazette* contains an abstract of a noteworthy paper by Drs. Grimshaw and Moore, on the pneumonia of warm weather.

In the introductory portion of the paper, the authors stated that, contrary to what might *a priori* be expected, pneumonia exhibited a tendency to prevail in the warm season of each year. This was shown by a reference to the returns of the Registrar-General for Ireland, the deaths from pneumonia and bronchitis in each quarter of the year being contrasted. An analysis of the returns of deaths from the two diseases in Paris for seven years, showed also a noticeable close correspondence. The object of the present communication was to endeavor to prove that the remarkable differences which were shown to exist between the percentages of cases of bronchitis and pneumonia at different seasons, do not depend exclusively on meteorological conditions; and further, that the type of summer pneumonia is essentially different from that of winter, or what may be termed true or idiopathic pneumonia. Having given many bibliographical references to instances of pneumonia occurring in connection with bad hygienic conditions, enteric fever, escape of sewer-gas, and during the prevalence of diarrhœa, the authors proceeded to give a clinical description of the affection, illustrated by the full histories of five selected cases, which had occurred under their care. The points of difference in the clinical history of this disease from true pneumonia, appeared to be its extremely sudden invasion, the frequency with which the disease is arrested in its early stage, and its being less liable *constantly* to attack the lower lobe of the right lung. In only one instance was there an opportunity of making a *post-mortem* examination, and the appearances presented were not different from those of ordinary pneumonia in the second stage. The

treatment which was found of most value was quinine in five-grain doses every third hour. Alcoholic stimulants and turpentine were employed with benefit in cases where there was much prostration. In the author's experience, the disease was much more amenable to treatment than the other forms of pneumonia. The paper concluded with an investigation of the meteorological and epidemic conditions of 1874, when pneumonia prevailed so largely in this city. It was shown that a low temperature, a low humidity, and a scanty rainfall, influenced the prevalence of pneumonia. But in answer to the question—"Why does a warm, dry air increase pneumonia?" the authors would answer—"Because the *pythogenic* type of the disease depends on that pollution of the air by miasmata, which is greatest in warm, dry weather." In conclusion, the main points adduced were recapitulated as follows:—1. That the bibliography of pneumonia indicates the existence of a form of the disease which arises under miasmatic influences, and is contagious. 2. That this view is supported by the relations which exist between this form of pneumonia and certain zymotic affections—notably enteric fever and cholera—and by the resemblance between it and epizoötic pleuro-pneumonia. 3. That its etiology justifies us in regarding it as a zymotic affection, and in naming it "*pythogenic* pneumonia." 4. That pythogenic pneumonia presents peculiar clinical features, which enable us to distinguish it from ordinary pneumonia. 5. That much of the pneumonia which prevailed in Dublin during 1874 was of this pythogenic character. 6. That, whereas ordinary pneumonia is specially prevalent during a continuance of cold, dry weather, with high winds and extreme variations in temperature, pythogenic pneumonia reaches its maximum during tolerably *warm* weather, accompanied with a dry air, deficient rainfall, hot sun, and rapid evaporation.

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### The Classes of Furor.

In some posthumous papers of the chemist, Dr. Santlein, quoted in the London *Medical Record*, the following theoretical classification of furor is given:—

1. *Furor libidinosus: Sense-madness.*—Arising from wrong activity of the will. Consciousness shows itself in a morbid, violent manner.

2. *Furor hyperskepticus: Intellect-madness.*—To this belong mania for collecting, disputing, etc.

3. *Furor ecstaticus: Emotion-madness.*—To this belong furor religiosus, platonicus, epidemicus seu imitatorius, etc.

The distinction between mania and furor is shown by a story by Reil. A woman, during her pregnancy, has an incessant craving to eat the flesh of her husband. She kills him, and pickles him. The killing was the furor, the craving was the mania.

*Insane conditions with regard to responsibility.*—Mania must not be grounded only upon the morbid sphere of the will, but upon the entire faculties of the mind. The will, before it becomes action, must be impregnated with the consciousness of those conditions which will follow the action. Will, therefore, is nothing defining, but something defined by imagination and accompanying sensations. Therefore mania arises solely from morbid elements of the will, and not from the other faculties of the mind.

*Man may become mad in all directions of his mental faculties.*—The non-observance of this fact has produced much confusion in the science(?) of mania, because authors were unable to imagine furor without distractions. If will cannot be conceived as apart from consciousness, and therefore apart from the remaining mental faculties, then the thesis will be correct, that with deranged consciousness all psychic actions may change into exaltation, be it as furor transitorius or periodicus. Idiots, whose consciousness is almost *nil*, show this. They are subject to periodic and habitual sexual mania. Thus also people who are deaf and dumb. In educated people we observe maniacal fits in the form of mind-disturbance (*Intellektio-wuht*) and emotional disturbance (*Ideal-wuht*).

The following principle is granted psychologically. Fury may arise, not only from a perverted sphere of the will, but from any other perversion of the mind; consequently, also, from consciousness; but this principle frequently breaks down from a forensic point of view, as fits of madness (in Germany) are measured by their results in practical law; hence arose the idea of 'free' and 'necessary' (*unfrei*).

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### Employment of Aspiration in Intestinal Obstruction.

We learn from the *Medical Times and Gazette* (London), that in a note laid before the Académie des Sciences, M. Demarquay states that the idea had occurred to him whether the same result that is obtained in gastro-enterotomy might not be attained by a simpler procedure, which might be employed by any surgeon. When an obstacle suddenly opposes the course of the contents of the intestine, gas accumulates above the obstruction, producing tympanites, which is also accompanied by nausea and vomiting, the intestinal canal becoming paralyzed by the excessive distention. If, then, at the commencement of the affection, before any local or general peritonitis has supervened, we are able to relieve the tympanites by an artificial removal of the gas, we find the intestinal movements are sometimes re-established, and with these a disappearance of the obstacle occurs. M. Demarquay has met with three cases in which he has had recourse to this procedure with success.

He gives a summary account of the last of these cases. It occurred in a man aged twenty, who was admitted into his service on February 25th, with all the signs of intestinal obstruction, the commencement of which dated from the

23d. There were present, nausea, mucous vomiting, considerable tympanites, restlessness, and suffocative paroxysms due to the thrusting up of the diaphragm. On the 26th the patient's condition was still more aggravated, and four intestinal punctures having been made—two on the right and two on the left side—by means of Potain's capillary trocar, a large quantity of gas was drawn off by aspiration. The abdomen immediately became flaccid, to the great relief of the patient, and the noise of the motion of gas in the canal, due to the reëstablishment of the peristaltic action, was heard. As on the 27th there was still tympanites present, displaying the form of the convolutions of the intestines under the wall of the abdomen, a large quantity of gas and liquid intestinal matters were withdrawn, by means of four additional punctures. In the course of that afternoon all symptoms of obstruction had disappeared.

### The Primary Union of Wounds.

M. Trelat says, in the *Progrés Medicál*, on the primary and secondary union of wounds:—

If the patient is weak, if primary or secondary hemorrhage is threatening, still more if a foreign body exists, if the wound is anfractuous, if apposition is impossible, if the flaps, nonvascular, poorly nourished, are ready to mortify, in those cases one can only, at best, try partial union at a circumscribed point of the wound.

But you must not forget that the process you employ is of incontestable importance. The mode of incision, for example, the form of the flap, its relations with the corresponding flap, may alone determine primary union. Is not that what Von Graefe did—and it is his highest title to merit—in his operations on the cornea? Is it not what is sought after in all the methods called linear? Here, by their situation, even the lips of the wound are in exact apposition, and you know, gentlemen, that this point is most important. You have frequently during this session seen me operate for phymosis, and you remember with what care I brought together the mucous membrane and the skin. For greater security I always take charge of this part of the operation myself, confiding to my assistants the application of *serre-fines*.

If I were to make a *resumé* in a few words of the indications for primary union, I would say to you, *try it always whenever the close apposition of the deeper parts is possible; it is an indispensable condition, without which all your efforts will fail.*

And, moreover, this reunion of the deeper parts may be obtained more frequently than is supposed. In a discussion of the Society of Surgery I related two cases of excision of lipomas as big as the fist, and I astonished my colleagues by telling them that I had tried with success primary union. Now I owe this happy result to the method that I always employ in these conditions, and which I cannot too much commend to you:—

I make the deeper parts to meet exactly, sometimes even sacrificing the regularity of the superficial union—that is how you recently saw me proceed in removing a little tumor from the arm-pit—then I maintain the parts in contact with pieces of amadou, which exercise an elastic compression, sufficiently effective, too, to keep them in apposition; I then seek to procure the greatest immobility for the part—its absolute repose is, in fact, an important element. Recently M. Houzé de l'Aulnoit exhibited before the Surgical Society a certain number of amputations that he had practiced with success: he attributed this success to the care that he took in covering the end of the bone with a flap of periosteum. Ought he not rather to have attributed it to the perfect immobility in which he maintained the limb?

### Sea Bathing in Aural Disease.

It is stated in the *Doctor* that the opinions of aurists relative to sea-baths are very diverse. A few consider them injurious, and others useful; Dr. Guye believes that he has solved this question, and lays down the rule for the differentiation of the cases in which sea-baths are indicated, from those in which they must be looked upon as injurious. In one class of cases he has found sea-baths not only void of danger, but of the greatest utility; in another series, they have either aggravated the existing aural complaint or have occasioned the first symptoms of a new one. The doctor considers the difference to lie in the fact that the attacks of dizziness which indicate labyrinthal disturbances are always absent in the former class, while on the contrary they were certainly present in the latter. Dr. Guye thinks, therefore, that such cases, in which symptoms of disease in the labyrinth are already present, or in which there may be a predisposition to them (especially if it be a hereditary predisposition), contraindicate the employment of sea-baths; but that in all other cases (the necessary precautions being of course taken) they may be resorted to without danger.

### The Arrest of Hemorrhage.

In a late lecture, Mr. Maunder stated his conclusions from his cases of hemorrhage, as follows:—

1. That no operation is to be performed when bleeding has ceased, unless a repetition of it would directly endanger life.

2. That the bleeding vessel is to be sought at the seat of injury, and to be secured, if divided at both ends, either by a ligature or by torsion; if only wounded, by a ligature above and below the wound; or after section, by torsion.

3. That the injured vessel is only to be tied on the cardiac side of, and at a distance from, a wound in it, when the attempt to secure it at the wound has either been made and failed, or when such an attempt would be either anatomically injurious or pathologically useless.

4. That it is desirable to ligature the brachial

artery, rather than both radial and ulnar, for secondary hemorrhage from the hand.

5. That ligature of the brachial, while it stops bleeding, also arrests destructive inflammatory changes caused by useless local efforts to check hemorrhage.

6. That blood flowing from the distal side of a wound in an artery, or ligature upon it, will in the lower extremity be often, in the upper extremity occasionally, venous in color.

7. That in malignant disease, when the growth cannot be removed and it is impossible to check bleeding by milder measures, the feeding artery may be ligatured in its continuity.

8. Where a part is more or less disorganized, and hemorrhage renders repair very doubtful, amputation should be performed to arrest bleeding and remove a hurtful member.

9. Indirect compression will occasionally arrest severe bleeding.

10. That both the axillary and the femoral arteries may be wounded, and a pulse be felt at the extremity of the limb.

11. That a wound in an artery may be recognized by the warm blood impinging on the inserted finger.

12. That direct compression upon the bleeding point will often succeed after the main artery has been tied, though it failed before; and this fact is a justification for tying a main vessel.

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**The Oleum Aleuritis Trilobæ.**

The London *Medical Record* has a description of this new applicant for admission to the materia medica, by Dr. Oxamendi, of Havana.

The "Aleuritis triloba" is a large tree, of the euphorbiaceous family, which grows principally in India and in all the intertropical countries. It is commonly designated in India under the name of "Candle-nut tree" or Candleberry."

The oil produced from the nuts of this tree is used for different industrial purposes. The native of Ceylon calls it "Kekune oil," and it is known in England under the names of "Nut Oil" or "Artist's Oil."

An author in *Griffith's Medical Botany* says: "The nuts of the aleuritis triloba are considered as aphrodisiac when used in small quantity and in a dry state; they have laxative properties when taken in larger quantity and in a fresh state." In one of his *Annuaires de Thérapeutique*, M. Bouchardat says that the oil of aleuritis triloba has purgative properties in a dose of thirty grammes. Renato de Grosourdy expresses the same opinion in his work on medical botany, but he thinks the oil must be used in a dose of two ounces (sixty grammes) in order to move the bowels.

Dr. Oxamendi has employed the oil of aleuritis triloba, and his results are not quite conformable with those arrived at by his predecessors. Having once given this medicine to a healthy negro woman, he obtained an effect much stronger than he expected. By subsequent experiments, he arrived at the conclusion that this oil must be employed in much smaller doses, and that half an ounce is quite sufficient to move the bowels of an adult. He thinks the laxative effects are not only due to the disturbance produced in the bowels by the oil itself, but also to a special resin which irritates the intestinal mucous membrane.

The oil of aleuritis may be used with advantage as a substitute for other aperients. It greatly resembles castor-oil in its effects on the bowels, and it is by no means disagreeable; it has a pleasant taste of hazel-nuts. It acts quickly (about three hours after its administration) and very gently, without giving pain and griping.

The walnuts of the aleuritis triloba are so oleaginous that they yield nearly half their weight of oil. This valuable agent may be also used in emulsion. The dose of the oil is two drachms for a child or half an ounce for an adult. The following mixture is recommended by Dr. Oxamendi:—

| | | | |
|---|---|---|---|
| R. | Olei nucis aleuritis trilobæ, | ℥ss | |
| | Gummi arabici, | ʒiij | |
| | Aq. communis | ℥iij | |
| | Sacchari albi | ʒss. | M. |

Good results have been obtained by making frictions with the following liniment over the abdomen, in cases of rebellious constipation or abdominal pains:—

| | | | |
|---|---|---|---|
| R. | Olei nucis aleuritis trilobæ, | ℥ss | |
| | Tinct. cantharid, | | |
| | Ammon. carbon., | āā | ʒiij. M. |

Linimentum.

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## Reviews and Book Notices.

### NOTES ON CURRENT MEDICAL LITERATURE.

——The *Irish Hospital Gazette* is to be discontinued. We regret its demise, as it was an excellent little paper.

——Dr. Nichols, a Southern medical man who removed to England at the close of the war, has written, "Forty Years of American Life," especially professional. It is well spoken of.

——The True Uterine Mucous Membrane, its Structure, Function, and Morbid States, is the subject of a paper by Dr. E. N. Chapman. It is a reprint from the Buffalo *Medical and Surgical Journal.*

——Iridectomy and its Applicability to Certain Defects of the Eye, a paper read by Dr. A. W. Calhoun, of Atlanta, before the Georgia Medical Association, has been published by the Southern Publishing Company, of Atlanta.

THE

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## REASONING IN MEDICINE.

### I. Principles of Reasoning.

The general purpose of all Science is the discovery of Truth. Truth is of two kinds—absolute and relative. Absolute truth is confined to formal logic and mathematics, and hence it is the constant effort of students of the so-called natural sciences to express the facts they present under mathematical formulæ.

A prominent school of philosophers, headed by Mill, Spencer and Bain, in England, deny this distinction, and assert that all truth is relative. The answer to this is, that a truth which is at once universal and necessary is absolutely true. That the laws of mathematics are universal is shown by applying them to the orbits of distant stars, and to the rate of transmission of light from the remotest nebulæ, and also by the certainty they give us in predicting celestial phenomena, as eclipses, etc. This proves that our intelligence is, in this field, exhaustive of all possible intelligence, and hence, to this extent, absolute. A truth of this nature cannot be doubted. Skepticism is impossible. No one can question that twice two is four. Suppose he does, and convinces himself that twice two is five; then he adds not to his knowledge, but to his ignorance, and on that basis can never explain or foretell the simplest sidereal motion.

All mathematics rest on the Laws of Thought, and Thought is that alone of whose existence we can be positive. As John Stuart Mill remarks, "Thought is much more real than anything else; it alone we directly know to be real, all else being merely the unknown conditions on which it depends" (*Theism*, p. 202). The laws of thought are formal, only; like an algebraic equation, they must be assigned definite values when applied to reasoning. This, when done, is Logic, which is divided into two branches—Deductive and Inductive.

Inductive logic is that usually employed in natural science, including medicine, and its application in this department of study will attract our present attention.

The object of an induction is the arriving at a general proposition, or statement of a general truth, by showing that a large number of observed facts coincide and agree with this proposition. In medicine, the class of facts which we have to regard are concerned with that physical condition known as Disease, and the aim of medical reasoning, therefore, should be the establishment of one or several correct general affirmations with reference to this condition. If this could be done to any large extent, and further, if these propositions could then be expressed under mathematical formulæ, medicine would pass from the condition of an Art to that of a Science; for, as we have said, this name is only applicable to inductions capable of universal expression.

The difficulty which has attended this in medicine heretofore, is twofold; first, the extreme complexity of most of the phenomena renders the avoidance of logical fallacies very diffi-

cult; and, secondly, very little attention to the canons of correct reasoning has been paid by medical writers. It is singular to note, indeed, how rash many of the generalizations are in numerous original articles, and how devoid of precision in this respect are some of our received text books.

Several excellent guide-books in inductive logic might be mentioned. That of MILL led the way. More recently, Professor ALEXANDER BAIN has written a treatise, republished in this country, in which a rather full chapter is devoted to "the logic of medicine;" and, under the same title, Professor DUNSTER, of New York, published a carefully prepared address a year or two ago. No finer specimens of pure inductive reasoning can be found than in some recent medical writers, for example, in some of BROWN-SEQUARD's statements of his original researches, and in PARKES' studies on hygiene.

A brief exposition of the principles of reasoning on medical facts, illustrated by these and similar writers, cannot be out of place in a periodical devoted to the collection and preservation of the results of observation in disease.

Beyond this question of induction lies the application of mathematics to medical reasoning. Here, too, the disregard of principles familiar to the mathematician is often surprising. We shall not hesitate to exhibit some such instances from recent literature, as well as to point out the close approach which probabilities in medicine have to certainties. For technical information on this portion of our subject, we shall draw from Prof. RADICKE's Essay on *Arithmetical Means*, published by the New Sydenham Society, and from Dr. HIRSCHBERG, *Die Mathematischen Grundlage der Medicinischen Statistik* (Leipzig, 1874), treatises we earnestly commend to our thinking readers, interested in the higher departments of professional study. Were the principles they inculcate made a portion of medical education, our current literature would soon show the effects of it in greater precision and trustworthiness.

## THE PREVENTION OF INFECTIOUS DISEASES.

The common people in most country districts have a fixed belief that the doctors "take something" to prevent them contracting those diseases of their patients which are "catching." Physicians are not unfrequently asked what it is they thus take, and their unsatisfactory replies are charitably attributed to a natural unwillingness to diminish their income by keeping all their patrons in good health!

It were just as well that medical men were more prompt in offering information on preventive precautions, and in no direction were it better worth while to instruct the laity in some of the knowledge peculiar to our profession. In Great Britain, the Society of Medical Officers of Health have lately published a pamphlet containing rules for the guidance of families and persons who are in the presence of infectious diseases. Though there is little novel or peculiar in their recommendations, we believe an abstract of them will not be amiss in this connection: They first of all urge separation of the sick from the other members of the family as soon as illness appears, and advise that the sick person be placed, if possible, in an upper room, where all carpets, curtains, and unnecessary furniture must be removed. Fresh air is to be admitted to the room by opening the upper window-sash. The fire-place to be kept open, and a fire lighted, if the weather be not too hot; whilst fresh air is to be freely admitted through the whole house by means of open windows and doors, with the object, of course, of diluting the contagion.

The advice is then given to hang up a sheet outside the door of the sick room, and keep it wet with a mixture made either with a quarter of a pint of carbolic acid, or a pound of chloride of lime and a gallon of water, the floor to be frequently sprinkled with similar disinfectants, and cloths wetted with them should be hung up in the room. Everything that passes from the sick person should be received into vessels containing half a pint of solution of green

copperas, made by dissolving one pound in a gallon of water. Every sink, closet, or privy should have a quantity of one of these disinfectants poured in daily, and the greatest care should be taken to prevent the contamination of wells or drinking water by any discharges from the sick. All cups, glasses, etc., used by the sick should, it is advised, be first washed in the above solutions of carbolic acid, and then in hot water, before being used by other persons, and no article of food should remain in the sick-room, or be given to any one else after being in the sick-room. The linen of the bed and that worn by the patient should, as soon as it is removed, be put into the carbolic acid solution, and remain in it at least half an hour, afterwards being boiled in water. Instead of handkerchiefs, small pieces of rag are recommended, which can be burnt when soiled.

It is advised that all persons attending on persons with infectious diseases should abstain from the use of woolen garments, as they are apt to retain infection; they should wear cotton or linen dresses, which can be washed. The nurses, too, are directed always to wash immediately after attending to the sick person, and to use carbolic acid soap. It is further well urged that no visitors should be allowed to the sick, save those absolutely necessary, as the clothing of visitors is apt to carry away infection. This may well remind us of the arguments often so strenuously urged as to the necessity of all practitioners who attend many labors entirely abstaining from attendance on cases of scarlatina or other infectious fevers so long as attending obstetric practice.

With regard to scarlet fever, it is advised that the scales and dusty powder which peel from the skin in this disease, and the crusts in small-pox, as they are highly infectious, may be prevented from escaping by smearing the body of the patient over every day with camphorated oil. This practice, conjoined with the use of warm baths and carbolic acid soap, is most essential. With regard to the date of convalescence, it is well remarked that the sick person must not be allowed to mix with the rest of the family until peeling off has quite ceased, and the skin is quite smooth again; and all clothes used during the time of illness, or in any way exposed to infection, must not be worn again until they are properly disinfected.

When the illness is over comes the disinfecting and cleansing of the sick-room. This should be done in the following way: All articles of clothing and bedding should be spread out and hung upon lines. The fire-place, windows, and other openings are to be closed, and half a pound of sulphur is to be put in an iron dish over a pail of water, and there burnt, so as to let the fumes of the sulphur attack every part of the room, etc., for twenty-four hours. After this the room is to be thoroughly ventilated by opening the doors and windows widely; the ceilings are to be whitewashed, and the paper stripped off the walls and burnt, whilst the furniture, and all wood and painted work is to be thoroughly washed with soap and water with a little chloride of lime mingled with it. In addition to this, beds, mattresses, and articles which cannot well be washed should, if possible, be subjected to the action of heat in a disinfecting chamber, provided, if possible, by the local authorities. Until all this is done, the room should not be occupied.

Some excellent advice is given about the danger of children attending school. No child from a house where there is an infectious disease should be allowed to attend school, even though the child be itself well, as it may carry infection, and thus spread the disease to many. And no child should be allowed to re-enter school without a certificate from the medical attendant allowing it to do so without danger to the rest.

Finally, in case the patient die, it is recommended that the body should not be removed from the room unless to carry it to a public mortuary. The body should be put into a coffin as soon as possible, with a pound or two of carbolic acid, and the coffin should be fastened down and burial take place without any delay.

## Notes and Comments.

### Danger of Alcohol in Urinary Diseases.

Dr. Lambert, of the Mercer Hospital, Dublin, says:—

"The evil effects of alcohol on the urinary tract make it the imperative duty of the "Resident" to caution every patient who is liable to attacks of retention of urine to strictly avoid the use of stimulants, especially porter, as experience proves that it is the most active agent in inducing it. In every case of suspected exaggerated alcoholic poisoning a most careful diganosis requires to be made. Apart from the fact that the patient *may* be drunk, in the absence of any history to the contrary, he may have received a fall that stunned him. Here it is that the "Resident" must exercise his own judgment, and if he acts aright, he will at once admit such a case, thus removing a certain amount of responsibility should the case terminate fatally."

### Pilocarpine, the Alkaloid of Jaborandi.

The *Chemist and Druggist* says: Mr. Gerrard has prepared an alkaloid of jaborandi by the following process:—

"Prepare a soft extract, either of leaf or bark, with 50 per cent. alcohol. Digest this with water, filter and wash. Evaporate the filtrate to a soft extract, cautiously add ammonia in slight excess, shake well with chloroform, separate the chloroform solution and allow it to evaporate; the residue is the alkaloid pilocarpine, with probably a small amount of impurity.

"Besides the alkaloid, jaborandi contains an acrid resin, tannic acid, volatile oil, and chlorophyll. The acrid resin is soluble in ether, and possesses properties which indicate it to be the substance by which the effects of its external application are produced."

Forty-five grains of pilocarpine, produced as above described, were prepared. To this distilled water was added and sulphuric acid, drop by drop until the alkaloid was nearly dissolved, and the solution was neutral. After setting aside for ten days for slow evaporation, and no definite crystals resulting, Mr. Gerrard made other experiments, employing nitric and hydrochloric acids. With these he has completely succeeded, and has produced nitrate and hydrochlorate of pilocarpine in a crystalline condition, which, it is likely, will be the future form in which this remarkable medicine will be administered. Mr. Jameson, Dr. Sydney Ringer's assistant, reports that half a grain of the nitrate produced the usual therapeutic effects of a full dose of jaborandi on a patient within an hour; while one drop of solution of the nitrate (grj to ℥j) put into the eye of a patient caused the pupil to contract to about the size of an ordinary pin's head.

### For Frost-bite.

Though not very appropriate to the season, we may note that Dr. Kepes, the surgeon to the Austrian North Pole expedition, states that he found excellent effect in frost-bite from the following mixture:—

| | | |
|---|---|---|
| ℞. | Iodine, | 4 parts |
| | Ether, | 30 do |
| | Collodium | 100 do |

By weight.

### Preservation of Vaccine Lymph in Glycerine.

Vaccine lymph preserved in glycerine has been found so uncertain in its effects, that its use has been forbidden by the medical authorities in lower Bavaria and Wurtemberg. Dr. Wurm, however, says in the *Allg. Med. Centralzeitung*, that if equal parts of pure glycerine and distilled water are first thoroughly mixed, and then a "not too homœopathic" amount of lymph added, the results will be satisfactory. The pure glycerine is apt to destroy the virus.

### The Propriety of Separating the Siamese Twins.

This was a much debated question during the life of these famous twins. It was differently decided by eminent surgeons. Dr. W. H. Pancoast, of this city, in a report read before the College of Physicians, May 5th, stated the following conclusions, based on their autopsy:—

1. That as a necessary deduction from the anatomical demonstration of its constituent parts, no operation of section of the band, for the purpose of separating the twins in adult life, could have been performed and their lives preserved.

2. That it would have been judicious surgery, upon the death of Chang, to have at once applied a strong ligature around the band, as far as possible from the body of Eng, and then to have cut through the band, between the ligature and the body of Chang.

3. That whether or not the operation would have been successful in the childhood of the

twins, is problematical; but that it would have been the part of wisdom and humanity to have made the effort, using all the precautions employed by Dr. Fatio in his case in 1689, with such additional ones as might have been suggested.

### Treatment of Corpulence.

Dr. Lucca, resident physician at the Marienbad, Bohemia, claims to have had "astonishing" results in the treatment of corpulence, by mixing two or three pounds of common carbonate of soda with a bath of Marienbad water, at a temperature of 60° or 70° Fah., one to be taken daily. As we have springs quite similar to those of Marienbad, it might be worth while to institute such an experiment here, on some of our pottle-bodied patients.

### Salicylic Acid.

When salicylic acid is pure it dissolves but slightly in water—one part in three hundred. With thrice its quantity of phosphate of soda, it dissolves one part in fifty of warm water. But this salt is irritating to fresh wounds, etc. It is better, therefore, to use sulphate of soda two parts, to salicylic acid one part. This is not the least irritating, makes a clear solution, and dissolves completely in fifty parts of water.

### Diminution of Doctors.

In France the census shows a marked lessening in the number of medical practitioners. This diminution has varied from 29 to 33 per cent. during the last twenty years; and M. Paul Bert stated in the National Assembly that the total number of practitioners had diminished from 17,192 in 1866 to 15,429 in 1872. The Legislature thought that it would sufficiently supply the deficiency by increasing the number of Faculties and the supply of students. But that these will not settle down to a thankless career and insufficient pay needs not to be demonstrated. Many persons have been struck by this progressive diminution of doctors, and believe that it has in great part arisen from the difficulties that now exist in establishing and maintaining a position, owing to prices and payments having so augmented, while the pecuniary relations between doctor and patients have not undergone a corresponding alteration. French practitioners are subjected to a form of competition of which we know nothing in this country, that caused by the religious sisterhoods, who, by their numbers, become formidable opponents, practicing medicine almost openly as they do, and finding plenty of persons ready to make excuses for them, on the plea of their good intentions.

### Foot-sweat.

Dr. Hager recommends the use of the following powder for excessive sweating of the feet. Burnt alum, five parts; salicylic acid, two and a half parts; wheat starch, fifteen parts; Venetian talc, fifty parts; mix and make a very fine powder.

## Correspondence.

### Aortic Compression in Abdominal Hemorrhage.

Ed. Med. and Surg. Reporter:—

In your valuable journal, of July 10th, 1875, I notice an article on "Compression of the Abdominal Aorta in Uterine Hemorrhage," which leads me to contribute the following case:—

On the morning of Dec. 8th, 1873, I was summoned to attend Mrs. J., in labor with her first child. On arriving, I found the patient a well-developed woman, of about 28 years of age. Labor had commenced at about midnight, and on my arrival, at 8 A.M., was entering the second stage. Everything proceeded favorably, and at 10 A.M. I delivered her of a healthy boy, of medium size.

Soon after delivery the patient was attacked with a severe chill. The placenta was immediately delivered by Crede's method, and the concealed hemorrhage converted into an external one.

I immediately lowered the head and shoulders of my patient, and administered fluid extract ergot, ʒj, by the mouth. I also made use of the hot and cold douche to the abdomen, coupled with compression of the uterus against the walls of the pelvis. This proving of no avail, I introduced my hand into the cavity of the uterus and turned out the clots. The uterus still showing no inclination to contract, I introduced a piece of ice into its cavity, hoping by this means to control the fearful hemorrhage which, by this time, had saturated the bedding and carpet. Still no contraction followed this usually effective treatment. Something must be done, and that quickly, as my patient was completely blanched and insensible from loss of blood. At this juncture, while grasping the fundus of the uterus, I detected the faint pulsations of the aorta.

The idea struck me, if I could compress the aorta I could retain the little blood left in the vital centres, until I could bring about a reaction.

The idea was immediately executed, and I

had the satisfaction of seeing the bleeding stop entirely, and at once. Stimulants were administered, and gradually my patient returned to consciousness. Every attempt at removal of the compression was followed by a renewal of the flooding and syncope, until after five hours of continuous compression of the aorta with my thumb, and the administration of numerous full doses of ergot and quinine, a faint contraction was felt, and the danger was over. A rapid and complete recovery followed.

Respectfully, W. H. CURTISS, M.D.

*Angola, Erie Co., N. Y., July*, 1875.

## NEWS AND MISCELLANY.

### The Pennsylvania State Dental Association.

Met at Harrisburg last week, and elected the following officers: President, Dr. E. L. Darley, of Philadelphia; Vice Presidents, Drs. J. C. Green of Westchester, and C. L. Beck, of Wilkesbarre; Corresponding Secretary, Dr. H. M. Webb, of Lancaster; Recording Secretary, Dr. R. H. Moffit, of Harrisburg; Assistant Recording Secretary, Dr. S. H. Guilford, of Philadelphia; Treasurer, Dr. S. Welchens, of Lancaster. The Association will hold its next annual meeting in Philadelphia, in July, 1876.

### The Alleged Yellow Fever at Norfolk.

A statement having appeared that yellow fever cases had occurred at Norfolk, Virginia, the Board of Health has made the following statement:—

"The rumor that yellow fever existed in this city, originated in Washington, and published in the Boston *Journal* of the 17th inst., as a despatch from Washington, is utterly without foundation, nor is it believed that a naval medical officer at this station made any such statement as that mentioned in the *Journal* of said date. There is no case, nor has there been one, of yellow fever, either in this city, or at the quarantine station, this season. This statement is made by order of the Board of Health.

(Signed,) JOHN B. WHITEHEAD,
Health Officer.

### Spiritualism.

An American named Firman has been imprisoned six months, by the Parisian authorities, for deluding people with "spirit photographs." Robert Dale Owen has gone crazy, through belief in such nonsense. Can we not have Parisian justice here? Truly "they do these things better in France."

### Homœopathy at the University of Michigan.

Professor Dunster, of the University of Michigan, says of the late act, appointing homœopathic professors at this institution: "The homœopathic professors are not, and by the very terms of the act cannot be, members of the faculty of the now existing department of medicine; nor, on the other hand, are the professors in this (the old) school members of the faculty of the homœopathic college, for both schools have separate statutory enactments creating them distinct and independent departments of the University.

### Personal.

—Madame Brès, who this spring read a thesis before the Paris Faculty of Medicine, and obtained a Doctor's degree, has been appointed physician to the Sultan's harem, at Constantinople.

—At Des Moines, Iowa, Dr. Hatton was shot dead, July 18, by a man who had sued him for malpractice and lost his case.

### Items.

—It is stated that in accordance with the recommendation of the Sanitary Congress which met in Vienna last year, an International Sanitary Bureau is to be established in that city.

—The Flower Mission in London supplies the hospitals with 3000 to 4000 bouquets a week. Their report says:—

"The intense joy and gratitude of the many recipients passes description, and would well repay all the trouble our kind country friends have taken in sending them."

—It is not always safe for the laity to prescribe medicine. A lady writes to the *Courier-Journal* that her husband having heard that whisky was good for a snake bite, has been using it ever since a cow was bit, last spring, though the poor thing died, in spite of it, six weeks ago!

## QUERIES AND REPLIES.

MR. EDITOR:—Will you, or some of your readers, explain why it is that a very large majority of physicians, from the professors in our best schools all the way down the list, pronounce the large class of words having the suffix "*itis*," denoting inflammation, as though spelled "*etis*," *e.g.*, bronchi'tis, gastri'tis, meningi'tis, etc., they pronounce bronchee'tis, gastree'tis, meningee'tis? Who is correct, Webster, Dunglison, Thomas and others, or these physicians?

If a lawyer or minister, in pronouncing a large class of words belonging especially to his profession, and used very often by him, would thus violate the rules of pronunciation of our best authors, would we pardon him? *W. L. L., M.D.*

*Iowa.*

*Matico.*—The Jefferson Medical College and the Medical Department of the University of Pennsylvania are both recognized by the Royal College of Surgeons, London, and the Ecole de Medecine, Paris; but, of course, as you say, the graduates of those schools look upon the American schools as of "a lower order of architecture," and with reason.

*Dr. A. H. of N. Y.*—Thompson on *the Urinary Organs*. Van Buren on *Diseases of the Generative Organs*. The case you describe is probably chronic local induration of corpus cavernosum.

THE

# MEDICAL AND SURGICAL REPORTER.

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## Original Department.

### Communications.

### REPORT OF A CASE OF STRANGULATED INGUINAL HERNIA—OPERATION—RECOVERY.

BY GEO. W. CUSHING, M.D.,

Attending Physician to the Long Island College Hospital, Out-door Department.

On the evening of May 25th, 1875, I was called to see Mr. W., aged twenty-eight. On my arrival, I learned that he had suffered from hernia several years before, and had since worn a truss for protection. About ten days previous, having removed his truss, the intestine had come down, but under the use of warm fomentations and the recumbent posture, it had returned to the abdominal cavity, as he supposed. Two days before I was called, in the afternoon, while making an effort to save his wife, who had fallen, the tumor appeared again, but much larger than before. He laid down and applied warmth, hoping it would return as before. Not finding any relief, and his symptoms becoming alarming, he sent for medical advice. I found a large mass in the inguinal region, and on examination made a diagnosis of oblique inguinal hernia. The bowels had not acted since the accident, and for the last thirty-six hours he had suffered from vomiting and inability to retain food. I made a slight attempt to reduce the mass, but finding the part sensitive, desisted until later, when I called on Dr. Corey for assistance, who put the patient under chloroform, when I made a determined effort to apply taxis successfully. To reduce, if possible, the size of the tumor, I carried in a hypodermic syringe, but obtained only a small amount of bloody serum. Finding it impossible to return the tumor, I gave a hypodermic injection of morphia, applied warm applications and left my patient for the night.

The next day Drs. Wight and Corey saw the case with me, and it was decided to make another attempt at taxis, under anæsthesia, and operate if necessary. In the afternoon, with the valuable assistance of Drs. Wight, Corey, Rockwell and Fearn, the taxis by Dr. Wight having failed, I operated in the usual manner. The sac was reached without much difficulty, and found distended with fluid. A hypodermic syringe was carried into the sac, and a considerable amount of serum removed, but owing to adhesions, it was found necessary to incise the sac, which was accomplished upon a director. A large mass of omentum protruded, almost gangrenous. On lifting it from its place, a coil of intestine was found beneath, congested but healthy. A double ligature was carried through the omentum, close to the internal ring, and tied in two parts and the mass cut away. The stricture was at the internal ring, and was incised with a hernia knife, guided by the finger. The intestine was then returned, without much trouble. Two horse hair sutures were passed through the upper portion of the wound, and the ligature brought out at the lower part, which was left to heal by granulation. Warm carbolized fomentations were applied to the wound. The patient rallied well from the ether, and was placed under the influence of morphia for the night.

He did well up to the second week, though there was considerable local peritonitis, but it

was kept under control by sufficient doses of opium. The temperature ranged from 99° to 102½,° and pulse from 80 to 120. Beef tea and milk, with lime water, was allowed for nourishment, and quinine was ordered on the fourth day. The bowels remained constipated for a week, when they moved spontaneously and with but little pain. Diarrhœa followed for a couple of days, when the movements became natural.

On June 7th I found my patient worse, with a temperature of 103°, and pulse of 100. There was considerable heat and redness about the wound and surrounding tissues. The discharge from the wound had been small, but of good character. The ligature was still adherent. During the two days following, there was an increase in the unfavorable symptoms. On the third day I found the ligature had become detached, and I removed it with a little traction. It was followed by a discharge of over half a pint of purulent material. The patient at once felt relieved. From this time he made a rapid recovery. The wound healed kindly, and the following week I allowed him to sit up, and at the present time he is able to be about and attend to his daily duties.

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## EXSECTION OF CLAVICLE, FOR NECROSIS, WITH REPRODUCTION OF A NEW BONE.

BY H. H. CLARK, M.D.,
Of Pittsburgh, Pa.

Andrew Berger, German, aged 14 years, apparently hale and hearty, and of stout build, was brought to my office by his parents, for an examination.

Upon inspection I found a hard swelling over the left scapulo-clavicular articulation, about as large as an English walnut, which, though painful to the touch, did not materially interfere with the use of the arm. He told me that this lump had been there ever since he had been struck with a stone, which had occurred several months before; but that it never gave him much pain, or prevented him from doing light work about his father's saloon, until quite recently. He said that, a few days before he came to me, whilst wheeling a wheelbarrow across a rough street, he felt something give way, which augmented the swelling, and limited the motions of the arm considerably, although he still kept working about as usual. It became more and more painful, until at last he was compelled to seek relief. After having examined the arm carefully, I was unable to make out a satisfactory diagnosis, partly on account of the diffused swelling and the imperfect history of the case. I bandaged the arm to the side, to secure rest, applied anodyne lotions, and instructed the boy to call again in a day or two.

The next time he came to the office the swelling had increased, was more diffused, inflamed and fluctuating. I made an incision over the most prominent part of the swelling, which evacuated quite a quantity of offensive pus. Upon introducing the probe, I detected denuded bone along the superior surface of the clavicle, as far as the probe would reach. I enlarged the opening sufficiently to introduce my finger, for the purpose of making a thorough exploration of the diseased cavity. Found the acromial extremity slightly raised, and separated from its epiphysis, the whole superior surface divested of periosteum, the bone necrosed and evidently acting as a foreign body.

After having informed his parents of his condition, I advised exsection as the only means of affording relief, and held a consultation with Drs. Buvinger and Brashear, who entertained the same views in reference to diagnosis and treatment.

Accordingly, on the 23d of August, assisted by Drs. Buvinger and Brashear, I operated. Ether was administered, and an incision made, commencing at the opening which had previously been made, along the upper surface of the clavicle, carrying it outward to the scapulo-clavicular articulation, using the bone as a guide. The soft parts were next carefully separated from the bone, and held apart with spatulæ, so as to enable me to grasp the loose end with finger and thumb, and raise it out of the wound. In this position it was held, and by gently twisting a little, it was easily disarticulated from its sternal extremity, and drawn out of the wound; and upon examination the sternal extremity was also found diseased. The wound was now washed out with warm water, and upon examination we found the epiphysis and a small narrow strip of periosteum remaining behind, which in all probability had been stripped off the under surface of the clavicle whilst removing it. The wound was now carefully packed with lint, saturated in carbol-

ized oil, and an opiate prescribed, according to restlessness.

The next morning I visited my patient, and found he had passed quite a comfortable night, having taken his medicine but twice since the operation. He was visited regularly, and the wound dressed with carbolic acid. Healthy granulations speedily sprang up, and in three weeks after the operation the wound had almost closed. He was now able to walk about, carrying his arm in a sling, and coming as an office patient, every day, to have it dressed.

Two months after the operation the wound closed, and with instructions not to take the arm out of the sling or use it until directed to do so, I dismissed him. I finally lost sight of him for about four years, he having moved out of the city. One day I happened accidentally to meet him. I examined the arm, and was surprised to find that a new bone had formed, and that the arm was as strong and as useful as though nothing had ever occurred to it. He told me that he had then been working at the carpenter business over three years.

## SALICYLIC ACID IN AURAL DISCHARGES.

BY JULIAN J. CHISOLM, M.D.,

Professor of Eye and Ear Diseases in the University of Maryland, and Surgeon in Charge of the Baltimore Eye and Ear Institute.

The advice usually given, to allow a running from the ear to continue, lest the sudden drying up of a long existing discharge should affect the lungs or fall upon some other important organ, is as absurd, as that the stopping of a leak in a barrel will injuriously affect the contained fluid, or must necessarily break out somewhere else. The reason for this widespread statement, in such constant use with the professional public, probably lies in the acknowledged difficulty in arresting aural discharges when they have become chronic. Much of this trouble is occasioned by want of cleanliness. In most cases, patients will keep the external parts of the meatus scrupulously clean, while the ulcerated drum surfaces are in a perpetual bath of decomposing, offensive and irritating pus. Remove frequently and thoroughly this irritating fluid, from the very bottom of the aural passage, and not only will all disagreeable odor cease, but a few of the cases of long continued otorrhœa will undergo a positive cure. The majority of these cases will, however, require a more active treatment. No applications can be effective for aural discharges, if they are not brought into immediate contact with the raw surface from which the discharge oozes. Thorough cleansing must, therefore, precede all applications. The ear drops in common use, viz: alum or zinc solutions, combined with carbolic acid, are very useful in many cases, but will not stop all discharges. In my own experience, I have found three or four remedies very efficacious in checking rebellious otorrhœa. One is a strong solution of nitrate of silver, from ten to sixty grains to the ounce of water. Another very useful application is an alcoholic solution of corrosive sublimate, two grains to the ounce. I have also used, with excellent effect, in very obstinate cases, chromic acid, five grains, to aquæ, one ounce. These remedies are all efficient, but must be applied with care by the surgeon himself, and be desisted from when they cause too much pain.

Seeing reports of the advantages derived from sprinkling powdered salicylic acid upon the surface of chronic ulcers, it was inferred that this new disinfectant may prove of value in aural surgery. My first trial was with the acid in aqueous solution. I found its solvent powers in water too feeble for efficiency. Alcohol takes up the acid much more freely; an ounce of alcohol will dissolve a drachm of the acid, where a similar quantity of water would not take up two grains. Alcohol is, therefore, a good menstruum for an ear drop containing salicylic acid. My experience was chiefly with the acid in powder, diluting it in varied proportion, with calcined magnesia or oxyd of zinc. I found that the pure salicylic acid could be very safely applied to the discharging tympanic membrane, without causing severe pain. The proportion which I found of most value was one part of salicylic acid to two parts of magnesia powder, as a diluent. The ear being first thoroughly cleansed, the powder was blown into the ear, through a quill or by means of a laryngeal powder puff. It should thoroughly cover the exposed secreting surfaces, from which the purulent discharge is constantly oozing. The effect in all cases has been good; its controlling influence being much more marked in some persons than in others. In some rare cases, I have stopped an aural discharge by a single application. In most cases, it has to be repeated

from day to day, before this good result is secured.

My experience with salicylic acid has been so much more satisfactory than with any other remedy heretofore tried, that I hasten to invite the body of the profession, who have these annoying cases to contend with, to add their experience to my own, as to its usefulness in the arrest of chronic aural discharges. I will give but one case in illustration.

Mr. R., aged 37, of South Carolina, applied to the Baltimore Eye and Ear Institute for treatment, under the following circumstances: He had scarlet fever when a child, and for twenty-five years, at least, has had a constant discharge from the ear, which up to the present time he has in vain attempted to stop. His general health is excellent. Upon examination I found the drum membrane destroyed, and the lining membrane of the drum cavity thick and red. The surface was at first concealed from view by a thick, yellow, offensive fluid, which filled the meatus. Having thoroughly cleansed the entire passage, I blew the mixed powder into the open drum cavity. Its presence caused only a sensation of warmth for a few moments. After twenty-four hours the ear was again examined. The discharge was found in much diminished quantity, of a white color, and watery in consistency. The ear was thoroughly cleansed and the powder reapplied. On the third day there was only fluid enough secreted in the twenty-four hours to moisten the powder, all odor having disappeared. The ear was cleansed anew and the powder again applied, in a very thin layer, upon the secreting mucous surface. On the fourth day the powder was found in the ear dry. From this time the secretion of twenty-five years' standing seemed to be perfectly and permanently suppressed.

In the case of Mr. W., of Maryland, a constant discharge, of twelve months' duration, had been with difficulty arrested by means of a strong solution of nitrate of silver. Three weeks afterwards he exposed himself, in river bathing, when the aural discharge reappeared in full intensity. One thorough cleansing of the ear, with application of the mixed powder of salicylic acid and magnesia, at once arrested the discharge. At the next visit, after twenty-four hours, the ear was found perfectly dry, and it continued so.

I do not infer that all cases of aural discharge will be thus magically influenced by the new remedy, but such things have been done with it, and I feel satisfied that it will prove equally effective when judiciously used by others.

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## SALTS OF IRON IN POST-PARTUM HEMORRHAGE.

BY WM. WELLS HOWARD, M.D.,

L.M.K. and Q.C.P., Ireland.

I was called, June 24th, to attend Mrs. C., in labor with first child. Arrived at 9.30 P. M. On examination I found the head presenting in first position, os two-thirds dilated. The membranes had ruptured half an hour before my arrival. Pains recurred at regular intervals, but were, at first, short and unsatisfactory in their results. They continued increasing in strength until about 2 A. M., when I gave the woman an injection of salt and hot water, for the purpose of emptying the rectum, and also for the purpose of strengthening the pains by irritation of the bowel. It had the desired effect, but the head made no advance. The os continued about two-thirds dilated. It was soft and dilatable, but as the head did not come down upon it, no further dilation took place. At 5 A. M. no perceptible advance of the head having been made, Barnes' forceps was applied, and after about twenty minutes of intermitting traction and leverage, the head was extracted. While the head was being drawn through the vulva, pressure was made upon the uterus above, but the breadth of the shoulders was so great, that it required both hands and considerable traction, in fact as much as I dared to use, to extract the body, and the uterus, in the meantime, was not reinforced by manual pressure above the pubes. As soon as the body, or rather the upper part of the body, came through the vulva, pressure on the uterus was resumed and kept up until the child was expelled, when the uterus was given to an assistant to compress, and I tied the cord.

Some hemorrhage was observed before the placenta was removed, but as it was not great, and as I thought that it would cease as soon as the placenta was expelled, not much attention was paid to it. A dose of fl. ext. ergot was given when the head came down upon the perineum. After tying the cord I proceeded to deliver the placenta. The uterus seemed to be moderately contracted and the insertion of the

cord in the placenta could be felt by passing the finger well up in the vagina. As the woman had no pains, another dose of ergot was given, and the placenta was extracted about ten minutes after the birth of the child. The hemorrhage continued; the uterus could be felt contracted. I now perceived that the woman was suffering from the loss of blood. She grew faint, could not see, responded but faintly to questions that were put to her, and had the pale, yellow look of collapse. Gave her twenty-five drops tinct. opii, with whisky and hot water. Attaching the long uterine tube to a Higginson's syringe, commenced the injection of cold water; continued it for from three to five minutes; the water came away reddened, and on discontinuing the injection, the hemorrhage continued as before. Administering twenty drops more tinct opii, with whisky and water, I put into about a quart of cold water nearly an ounce, by guess, of sol. persulph ferri, and injected it slowly. After injecting half of it, the hemorrhage ceased, and in the meantime I gave fifteen drops more tinct opii, and continued the hot whisky. The pulse was almost gone. The flowing commenced again in a few minutes. I then put about one half ounce more of the sol. ferri into the remaining pint of water, making it about double the strength of the first injection. After injecting it into the uterus, the flowing ceased, and did not recur. Continued stimulating, and in about three quarters of an hour the woman was much better, and in a couple of hours I left the house. The patient had no after trouble which could be attributed to the injection of iron. The vagina was carefully washed out three times a day with a solution of permanganate potass. in warm water. On two separate days she had after pains, and the administration of a dose of ergot was followed by the expulsion of clots. Aside from that, no pain in the uterus was complained of. The child weighed eleven pounds.

It is my opinion that the hemorrhage was the result of the rupture of the cervix. The os was two-thirds dilated and dilatable. There was no rupture when the forceps was applied, for I made an examination to ascertain this before commencing traction. I have seen the injection of iron salts, in cases of post-partum hemorrhage, four times, and in three of these cases with no bad results; in the fourth case, at the Rotunda Hospital, Dublin, the result was fatal, but I do not think that the injection was the cause. This was a case of placenta prævia. The patient had been flowing for twenty-four hours before coming into hospital; the cervix was dilated with Barnes' dilators, and the child turned and delivered. The woman was almost gone before delivery. Hemorrhage continued after extraction of child. Cold water injection tried, with no result. Injection of perchloride ferri, about four ounces to twelve ounces of water. Hemorrhage ceased immediately, but woman died in about one and a half hours. At the post-mortem, at which I assisted, rupture of cervix was discovered, and the rupture extended so far back that blood was present between the folds of the left broad ligament. Of course, in this case, the woman would have died, but in all probability, she would have died from loss of blood and shock, even if no injection had been made.

In the other three cases no bad results followed. In all, cold water injections were first tried, but proved useless.

I am moved to send this communication, because it seems to me that a great many practitioners are not aware that they have, if they will put it into practice, an almost certain method of arresting post-partum hemorrhage, and that the danger from the injection of the salts of iron is not as great as is laid down in the standard works on midwifery. The experience of four cases is certainly not very great, but it is something, and the very satisfactory result in three cases would certainly cause me to use the same means in any other case, if the ordinary means failed to arrest the bleeding. It has always been a query in my mind, how do practitioners who dread to use this remedy proceed in cases of flooding, when the ordinary procedures fail? It seems as though many women must die, who might have been saved by the use of sol. ferri.

A great deal of reliance has been placed upon the injection of cold water. In all the cases that I have seen this has proved useless, and a mere waste of time. The use of ice water might be followed by better results, but it must be evident that in the country, and even in the city, much time must often be lost, if we are to wait until the ice is procured. A bottle of ferri persulph., and a syringe with a long, flexible uterine tube, can always be carried in the obstetric bag; and I think that the practitioner who takes it with him, and is prepared to use it in case other measures fail, will

be relieved of an immense amount of anxiety, for the dread of meeting a case of post-partum hemorrhage is certainly very great with a large number of young practitioners, if not with the older ones.

## PLEURO-PNEUMONIA FOLLOWED BY EMPYEMA.

BY J. W. FISKE, M. D.,
Of Kalamazoo, Mich.

L. C., aged seventeen, of St. Louis, Mo., was attacked with pleuro-pneumonia, in the month of December, 1872. Effusion took place in left pleural sac. Paracentesis thoracis was not performed, and empyema was the result, and nature, true to herself, did what the physician failed to perform, by making two spontaneous openings to the left of the heart, one between the third and fourth ribs, and the other between the seventh and eighth. About two months after the invasion of the disease, a large quantity of pus was evacuated. Collapse of lung took place, except the upper and posterior portion. The heart was pressed clear over to the right side; adhesions formed, binding the lung down. The discharge of pus continued until he came to Michigan for treatment, the middle of October, 1874, the spontaneous discharge of pus having continued for over one year and a half. His appearance at this time was anæmic; he looked like a person in the last stage of phthisis pulmonalis; was very much emaciated, weighing only ninety-three pounds; could use but little exertion; could ride a short distance over a smooth road, slowly. The opening in the pleural cavity was oblique, about two inches in length. I paid no attention to the upper opening, which closed entirely, after three weeks' treatment. I immediately put him upon the use of the elixir of the iodo-bromide of calcium comp. (Tilden's), and washed the pleural sac out with warm soda-water, followed with cond. sol. of carbolic acid, strength one of acid to eight of water, and soon increased the strength to one of acid to four of water, but the former was more satisfactory. The discharge lessened, but continuing purulent I injected comp. tinct. of iodine, one to eight of water, and after three weeks' treatment, discharge greatly diminished (injected morning and evening), appetite good, and gaining strength, but the discharge continuing somewhat purulent, after medication for two months, commenced to inject into pleural sac the sol. of iodo-bromide of calcium, for external use, strength one to eight of water, and was much pleased with its therapeutic action; discharge became less purulent, and I was obliged to insert a tent, to prevent the closing up of sinus entirely. At this time there was a thin, watery discharge, of about one tablespoonful, night and morning. Weight increased about fourteen and a half pounds; could now ride over rough frozen ground without any inconvenience; in fact, could ride with me all day. Still taking the elixir of iodo-bromide internally, and injecting sol. of iodo-bromide, as above. Continued to improve in countenance; now has the appearance of health; and at the time of his leaving for home, the fore part of April, he would not be taken for an invalid. I used various strengths of the above medicines, and others, but the proportions above indicated were most successful. Discharge from side now about one teaspoonful or less, watery, and no doubt comes entirely from the sinus, the pleuræ having become adherent.

When I commenced treatment the sac would hold several ounces; at the time he left for his home the injection did not seem to enter the pleura at all. After returning home, he remained well one week, but on exposure to cold and damp, was taken with a chill, and congestion of the right lung and brain took place (so his physician says), he soon became insensible, and in a few days passed away; his left side continuing as well as when he arrived home; his physician stating the old trouble had nothing to do with his last illness.

## ON A CASE OF EMPYEMA.

BY A. J. JESSUP, M.D.,
Of Westtown, N. Y.

I wish to relate the particulars of a case of the above affection, one of great interest to me, and I hope will be such to your readers.

David S., æt. 6, native of this place, was seized with pneumonia of right lung, January 15, 1875. The inflammation ran a tedious course, ending in consolidation, gray hepatization of the lung. Intercurrently the pleura of the same side became inflamed, and ran a tedious course, but up to April 30th with no signs of effusion. During all this period the pulse ranged from 130 to 165, respirations 30 to 46. At this period I discovered an increas-

ing dullness on percussion, with an absence of respiratory murmur over the whole anterior half of the thorax, right side. About May 10 there was bulging of the intercostal spaces anteriorly; normal posteriorly. My diagnosis now, from the fact that the respiratory sounds were distinct, posteriorly, from the scapula to the last rib, was an adhesion of the lung to the back part of the chest wall, below to the diaphragm, but free over the anterior half; these adhesions preventing the lung from being crowded up, allowed space to the accumulating matter anteriorly; the lung becoming flattened directly backward, as far as the adhesions previously mentioned would allow. I arrived at my decision as to the nature of the contents, thus: judging if it was serum, our blisters, diuretics, etc., would have long before caused absorption and removal, leaving no alternative but matter. The issue of the case proved our premises. With the concurrence of Dr. Whitaker and Dr. Everett, and the assistance of the former, I removed thirty-two ounces of matter, by Dieulafoy's Aspirator. It would have been impossible to insert the trocar as far back as in an ordinary case, and as laid down in the books; had we done so, we should have penetrated the lung, without reaching the matter, showing that the surgeon must apply his judgment to each particular case; that an unvarying routine method will not do for all cases; that we should have a picture in the mind's eye of the anatomical part which is the seat of lesion, "giving eyes to our knife, that it may see and avoid the manifold dangers by which it is surrounded."

On June 5th, finding the sac again filling, I aspirated, removing sixteen ounces of pus, washing out with 1 to 100 carbolic acid. Supporting with good food, cod-liver oil, syrup ferri iod. quiniæ, etc. On June 30 the chest was greatly distended, intercostal spaces very prominent. With consent of parents, I decided to make a free opening at the most prominent part, viz., between the fifth and sixth ribs, on a line with the nipple.

Dr. Whitaker giving ether, I introduced a director through the intercostal space, at an ulcerated point left by the first operation, which communicated with the interior, but so tortuously as to be useless for drainage; bending the director back so as to render the tissues to be incised tense, with a sharp bistoury I made an incision an inch long, from which pus escaped in a tide, continuing to flow half an hour, in all more than three pints. I did not dread the entrance of air (so much the bugbear of writers), considering pus retained more injurious than air. Moreover, in this case we might have gone on aspirating *ad infinitum*, or until our little patient became exhausted, in the hopeless endeavor to cure the abscess without admission of air, as it was sure to refill after each aspiration, his only chance being the establishment of free drainage, which we accomplished by a tent inserted between the lips of the wound. The symptoms began to improve since the last operation, the discharge continuing in diminishing amount; patient walks about; general condition very much improved; the prospect of cure very encouraging. Supporting treatment continued.

The case teaches the necessity of accurate *diagnosis* in all chest affections, together with thorough physical exploration in all cases, that we may detect grave changes when they occur, boldly and fearlessly using the necessary operative procedures to relieve; while, on the other hand, without a perfect diagnosis, we would approach them with doubt, and jeopardize life where we hoped to cure.

## Medical Societies.

### WISCONSIN STATE MEDICAL SOCIETY.

The 29th annual meeting of the Wisconsin State Medical Society opened at the Assembly Chamber, in the Capitol, Tuesday evening, June 1st.

The Secretary, Dr. Nichols, of Milwaukee, called the roll of the members of the Society, some fifty answering to their names.

President Reeve then proceeded to addresss the Society. The following are the closing passages of the address:—

"To popúlarize medical knowledge is one of the pressing duties of the day. The field for legitimate medicine in this direction is broad, and too largely uncultivated, yet we rejoice that here and there the good work has begun. The interests of humanity, the interests of scientific medicine, the thirst of the people for knowledge, all speak to us a lesson—that we give to the people, in suitable language, pure and healthful medical literature: thus may we save them from many a snare, and from many a destructive pitfall. If we believe our science to be true, let us so present it to the public mind that its truthfulness will be appreciated, and its practice honored and trusted. If there is aught in it incapable of bearing the closest scrutiny, let that part of it fall, however venerable its usage, or however largely supported by authority. Legitimate medicine claims for itself no exclusive privileges; it seeks to conceal nothing as it needs to conceal nothing; it shrinks from

no scrutiny, but ever courts an investigation of its principles and its practice, of its science and its art. In all ages it has been 'the hope of the diseased throughout the world.'"

Dr. Ira J. Manly, of Markesan, from the Committee on Practice, read a report, embodying many interesting cases and suggestions therefrom, in regard to treatment of fevers by water, as now practiced extensively in Europe and America. Also in the same paper were remarks on rheumatism and transfusion of blood. The report elicited remarks by Dr. Stoddard, as to whether arterial blood could not be safely infused by the immediate method, instead of venous, as heretofore used.

Remarks were made by Dr. Whiting, on the use of peruvian bark in the treatment of rheumatism. Tincture of iron was recommended by Dr. Manly, and alkalies and diaphoretics by Dr. Stansbury. The report was referred to the Committee on Publication.

The report of the Committee on Surgery was a paper by Dr. Marks, on new methods of ligating arteries. It gave suggestions by Dr. Webber, of Cleveland, of pocketing the extremity of the artery, as a substitute for ligation. Dr. M. recommended ligation by deer tendon, carbolized, as a method superior to ligations heretofore used. Discussion ensued on the subject by Drs. Stoddard, Palmer, and others. Dr. Day, of Wauwatosa, gave a case where Dr. Marks used tendonous ligature, and considered it superior to the silk. Dr. Stoddard questioned the reason for applying tendon instead of silk carbolized, both being animal tissues. The report was adopted and referred to the Committee on Publication.

Some further remarks were made by Dr. Dalton, on animal ligatures; also by President Reeve. Dr. Manly inquired what became of ligatures in the abdominal cavity, which was answered by Dr. Marks, recommending, as before, animal tendons, instead of silk, as being more easily absorbed. This statement was questioned by Drs. Stoddard, Whiting and Palmer. Dr. Palmer sees no superiority in tendon over silk, that also being, as was before stated, an animal substance, and consequently as capable of absorption.

Dr. Day reported a case of amputation by Dr. Marks, with the use of carbolized deer tendon for ligature, with a very successful result. Had primary union in nearly its full extent, but was retarded somewhat by the necessity of using a silk ligature in one part.

Dr. Senn read a paper on transplantation of bone, which was adopted and referred as usual.

A very interesting report of Dr. Wigginton, of the State Hospital for the Insane, on Pathology of brain diseases and treatment, was read and referred to the Committee on Publication.

Dr. Palmer reported a case of unusual interest, of tubal pregnancy, and exhibited a post-mortem specimen to illustrate this condition.

Dr. Linde read a paper upon diseases of the skin, in which he gave an interesting account of a case of scalp injury, which elicited some discussion, and was referred to the Committee on Publication.

Dr. Griffin read an essay upon small-pox and vaccination, taking strong ground in favor of making the latter compulsory, giving statistics to enforce his view. After some remarks the paper was referred to the Committee on Publication.

Dr. McCall reported a case of hernia, with formation of artificial anus, and treatment.

Dr. H. P. Strong, of Beloit, reported, recommending the following officers, who were elected by ballot:—

*President*—Dr. J. B. Whiting, of Janesville.

*Vice Presidents*—Dr. Ira Manly, Jr., of Markesan; Dr. F. Senn, of Milwaukee.

*Secretary and Treasurer*—Dr. J. T. Reeve, of Appleton.

Milwaukee was designated as the next place of meeting.

Dr. Favill offered a resolution that the establishment of a Medical College in the city of Madison is inexpedient.

Dr. Manly moved that it lie on the table. Dr. Favill explained that in view of the action of the Legislature, in transferring the Soldiers' Orphans' Home to the Regents of the University for a Medical School, some action was important. Dr. Manly's motion was lost. After some discussion, in which it was stated that the resolution was in accordance with the views of the Regents, and Dr. Whiting strongly opposed the establishment of any Medical College in this State, the resolution was adopted.

## THE BELMONT, OHIO MEDICAL SOCIETY.

This Association, commenced in 1866, has been reorganized, under the appellation, "The Medico-Chirurgical Society of Eastern Ohio." A meeting was held in Bellaire, Ohio, June 7th, and an extension of the Society, to take in the neighboring part of West Virginia, was proposed. The President is Dr. W. W. Junkins, Bellaire, Ohio.

### Boils and Carbuncles.

In a late thesis on anthrax and furunculus, Dr. Labattu, of Paris, discusses some interesting points in relation to them, and especially the question of treatment. The gravity of anthrax of the face, complicated with phlebitis, is due to the spreading of the latter on the side of the cranial sinuses, or to purulent infections. The rapid supervention of exophthalmos indicates with certainty the spreading and the possibility of this inflammation of cranial sinuses. Large and early incisions seem to be the best means of preventing and sometimes putting a stop to the phlebitis. No medical means appear to exercise sufficient control over this affection. Dr. Labattu reports several interesting cases in support of his theory; amongst others, one in which he was the sufferer, and where multiplied incisions seem to have stopped incipient phlebitis.

# Editorial Department.

## Periscope.

### The Comparative Effects of Ether and Chloroform.

From a recent number of the *British Medical Journal* we learn that Professor Schiff made a verbal communication to the Medico-Physical Society of Florence, on March 1st, in which he related the results of upwards of five thousand experiments on the differences between anæsthesia produced by chloroform and that produced by ether. With both ether and chloroform, paralysis of conscious sensation; paralysis of the movement of voluntary muscles; paralysis of respiration, circulation, and, finally, paralysis of the heart and the vaso-motor nerves occur. Respiratory paralysis is produced by ether when circulation and blood-pressure remain within the limits compatible with life. Sometimes the vascular pressure increases, sometimes it decreases, but it is always sufficiently high to allow the exchange of the carbonic acid gas with the oxygen of the atmosphere. Vascular succeeds respiratory paralysis when ether is administered. The reverse takes place with chloroform. Frequently an amount of this anæsthetic agent which would not be sufficient to produce respiratory, may suffice to bring on vascular paraylsis. Under these conditions, and when vascular paralysis lasts under thirty seconds, artifical respiration is useless, because there is no longer any exchange of gases, the blood-pressure being diminished. The cessation of respiration, therefore, is not the most dangerous moment to animal life, when etherization is employed, whilst it may be so with chloroformization, because sometimes it is possible to produce some automatic respiratory movements, but, nevertheless, respiration ceases immediately, and the animal dies. With etherization, on the contrary, when some automatic inspirations are obtained, it may be taken as certain that respiration will continue, and that the animal will live. Professor Schiff affirms that, in the present state of science, there are no means which will show us how to recognize, so as to prevent them, the tendencies which may cause death in some animals, after the first inhalations of chloroform, before having produced true anæsthesia. The reverse occurs with ether; so that it may be said that in the present state of knowledge the surgeon is responsible for the death of the individual by etherization; whilst he is not responsible when death occurs during chloroformization. Professor Schiff, therefore, deduces from these facts the following conclusions: 1. The phenomena relating to the paralysis of sensibility and movement are common to both ether and chloroform. 2. The two other orders of phenomena, that is to say, those relating to vascular and respiratory paralysis, often show themselves in inverse order with reference to these two agents. 3. With chloroform, however, either the one or the other of these two paralyses may first show itself, involving great danger to the animal if the vascular phenomena be the first to make their appearance. Therefore, the use of chloroform should be rejected, and ether only be used.

### Amyl Nitrite in Mental Disease.

This drug exciting considerable attention just now, we quote from the *Medical Record*, of London, an article in which Dr. Schramm gives his experience of it as a remedy. After quoting Browne and Brunton, who have experimented with it in this country, he gives his results as follows:—

A temporary favorable result was, with one exception, seen in all the cases (nine). This occurred at once, after the inhalation, and was both subjective to the patient and objective to outsiders. The mental state, at first depressed and painful, became more lively, and the dullness gave way to affability. A few hours after the inhalation the former state, without exception, returned. The favorable effect of the treatment was most apparent after the first or second inhalation, and by repetition became weaker; so that after two or three weeks' experience it quite failed, especially in its influence on the heart's movement and the course of the circulation, though after an interval it acted as at first. In two cases the remedy preserved its sedative power up to the third month, though even here it failed to thoroughly subdue the symptoms. Even here, it should be added that the two patients were accustomed to morphia, from which they had experienced much relief to their depression.

In most of the cases anæmia was present; but this gives no necessary premises for the psychic operation of the drug, for once it failed (even at the first inhalation) in a notably anæmic person, and in two instances it succeeded where plethora and other congestive symptoms were present.

Although it is proved that amyl nitrite causes dilatation of the brain-vessels, we have yet no means for deciding whether the influence is the consequence of the dilatation of the vessels and the greater flow of blood, or whether there is a direct influence of the blood, changed in composition by the amyl nitrite, on the nervous apparatus. The last two cases, where plethora showed itself, seem to speak for the latter hypothesis; although even here a still greater widening of the vessels may have occurred and have led to recovery. Anyhow, Meynert's

theory of the dependence of melancholia on anæmia of the brain is confuted.

The practical result is, that we can by amyl nitrite relieve *for a time* the condition of melancholia and its attendant neuro-pathological symptoms. To the cure of melancholia, having regard to the as yet unknown brain-changes causing it, our experience is only of use when the disease is of short duration or has frequent periods of remission.

When the remedy does not quickly act, it is of no special use; and, as a palliative, it is, because of the rapidity with which the system becomes accustomed to it, behind other narcotics. Let it be only used in mild cases of simple melancholia; but it is not yet clear that such cases are more easily influenced when associated with an anæmic condition than when with plethora.

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**Treatment of Fistula by the Elastic Ligature.**

M. Mollière discussed, in the *Lyon Médical*, the subject of the treatment of fistula of the anus by means of elastic or india-rubber ligatures, as originated by Dittel. M. Daniel Mollière, who is surgeon of the Hotel-Dieu de Lyon, thus sums up the elastic ligature in respect of the treatment of fistula:—

1. There is little or no pain in connection with the operation.
2. There is no hemorrhage.
3. Recovery is rapid.
4. The patient is not confined to bed, but may go out at once if he like.
5. The most delicate person may be operated upon.
6. Anæsthetics are not required.
7. There is very little suppuration.
8. And lastly, even when the operation has been begun with the bistoury, it may be bound up with the elastic ligature. Once the ligature is in place, the two ends, first passed through a little ring of lead, are put on the stretch. At the maximum of tension, the ring is crushed with a stout pair of pincers, in such wise that the fistula is included, strangulated, in fact, within an elastic noose, and the tension maintained until the ligature cuts through the parts and is discharged.

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**The Effects of Dietetics.**

In the *Bulletin Général de Thérapeutique*, March 30, 1875, quoted in the London *Medical Record*, Dr. Dauverge (père) alludes to a recent article by Professor Bouchardat, which concluded, "As they advance in life, young practitioners will find, like myself, that pharmaceutics do not fulfill all their promises, and they very frequently return to the employment of well-directed hygienic modifications. Such is the history of all reflecting and observant practitioners." In illustration of this, he gives what he terms a most remarkable and illustrative case. A lady, aged about fifty, delicate and nervous, already long past the menopause, suffered for six months from intermittent pains in the left hypochondrium, the pain being sometimes insupportable. The patient was pale, cold, the pulse small and corded, and the suffering intense. On exploring the abdomen, a fullness was found filling the right hypochondrium, but without much sensibility to pressure. Was it tumor or spasm? Inclining to the latter belief, a calmative was administered, and the pain ceased. The attendant, with good intentions, gave, without permission, a copious allowance of soup. In the night, the pains returned more urgently than ever. By diet and the continuation of the calmative mixture she again was relieved, and the diet was renewed in the form of light panada, with cream and rice. One night she was worse, and thought she was about to expire. Next day the lady was in a most pitiable condition. She complained of pain, acute and torturing, always at the same spot. The skin was cool, the pulse imperceptible, the eyes hollow, and the tongue dry, with a very bad taste in the mouth, like fæces. On palpation of the right hypochondrium, a piece of bowel was found, probably the ascending colon, on which was a tumor either around or within the intestine. Cataplasms containing laudanum and belladonna were without effect, and cold water on a well-folded napkin was applied. Immediately there followed a deep inspiration, and the patient felt relieved. The application was continued, and some whey and carbonated water formed the diet. Under this treatment the pain became supportable, but returned from time to time. There was much weakness, without fever, and feeding by the mouth brought back the pains; nutritive enemata were therefore employed. In a little time cream, with corn-flour, etc., could again be taken, and in a year the patient assumed her ordinary diet. The fullness in the hypochondrium entirely disappeared. Other cases are given, as of a boy with enlargement of the mesenteric glands. After divers plans of treatment had failed, he was put upon a diet of white grapes, after which he recovered, and is now a robust peasant. In another case of jaundice, the patient was not yellow, but orange-colored. After six months of futile treatment, the patient was put upon a frugal dietary of watermelons, grapes, fresh figs, etc., without bread or soup. After two months and a half of this he was again white and well. Syphilitic ulceration of the palate, and a phagedenic bubo, had also yielded to an Arab diet.

A milk diet is especially suited to dropsies, either anasarca or ascites, and by perseverance in it even grave cases may be much relieved. In a case of persistent vomiting, with heartburn, cold milk, cold soup, and fresh carbonated water procured a perfect cure. In a case of general anasarca, with continual drowsiness and dyspnœa, with confusion of ideas, milk, with purgatives and digitalis, produced most desirable effects. In a case of diarrhœa and sthenic bronchitis in a lady, most irritable and difficult to deal with, after a diet of milk

and syrup of morphia failed to give relief, lentil-meal with milk was successful. In another case, where a condition of wandering, delirium, hot skin, with frequent pulse and high-colored urine, followed typhoid fever, cold baths and abundant fluid with milk cleared the urine, and brought about perfect recovery. In typhoid cases, with hemorrhage from the gums, intestines, or uterus, with feeble pulse and general prostration, wine may be added with advantage.

The dietetic treatment is in practice the most essential matter in many illnesses, and is that part of therapeutics which is most difficult to determine upon, and is a problem which presents itself in each and every malady. M. Jaccoud has declared that a milk-diet will work miracles. The relations of resolution and absorption to nutrition and assimilation are being very much better understood than they were, with good results in practice.

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### Treatment of Typhoid Fever.

In the June number of the *Practitioner*, Dr. Henry Kennedy, of Dublin, speaks of the diet treatment, and of the extent to which the ilium is involved, as being of the utmost consequence, for it varies much, and then adds that it is too much forgotten that in a number of instances both the ascending and transverse colon are also engaged, and for such we should ever search. Obviously much depends on the presence or absence of this state, which can be made out if we only look for it.

Next, he thinks we should ascertain to what extent we have the diarrhœa in check, and this is to be done by the use of astringents. Not that for a moment he would entirely stop the diarrhœa, but he would keep it moderate. Under these circumstances, opium, in small doses, he believes to be of great service, as it not only soothes, but acts as a stimulant, and "mischievous" is the very opposite of what its effects seem to him to be. Moreover, he says, cases occur—exceptional, it may be—where a mild aperient proves of great use. "I am not speaking of cases where constipation has existed all through, but where there has been diarrhœa. I need scarcely speak of cases where, with the diarrhœa, there is also hemorrhage. It would be a bold step, I take it, for any one here to trust to diet alone; in fact, in any aspect in which we can view the diarrhœa of typhoid fever, I consider it calls for medical interference, more than any modification of the diet can effect; and this leads me, in the last place, to say a word or two about the diet of typhoid fever. I have not found it the simple matter books would lead one to expect; this is specially to be observed when the stomach is irritable, and still more if everything taken be thrown off. Here the matter becomes one of grave moment, and the case calls for the most delicate handling. I have found wine or brandy in most of these act well, and the amount which may then be given is something extraordinary. Last autumn I saw, with Drs. Hayden and Wyse, a case in which thirty ounces of brandy were taken each twenty-four hours; this went on many days, and without producing the slightest head symptoms, and the patient made a good recovery. It has often appeared to me that in stimulants, and more particularly in wine, we have a fluid food well suited to fever and its many types. I call it food, for though its component parts exist in very minute proportions, still they do exist, and we know they are all what may be called conservative; and whatever explanation be given of the effects, whether as a stimulant or as supplying certain ingredients to the frame, or both, certain it is that in many cases the results are most satisfactory, and what is of great consequence, these stimulants are borne well when other fluid food is not; and this leads me, in the last place, to notice that even where the stomach is not irritable, there may be difficulty in the administration of even such a simple fluid as milk. This is not so likely to occur with children; but in adults, no matter how we may change the milk, by giving it with soda or lime water, etc., it often disagrees; and I believe it is always of consequence to ascertain beforehand whether the patient can use it while in health. Similar remarks might be made about beef-tea, chicken-broth, and still more about eggs, which latter the author speaks of using as a matter of course."

Dr. K.'s object in thus writing is, first, to question the prudence of treating the diarrhœa of typhoid fever by diet alone; and, secondly, to show that the varied types of the disease require a corresponding modification in the treatment, in other words, a routine treatment is to be avoided.

The effects of quinine on typhoid have been variously estimated, and its action in this disease as well as in septicæmia has again been investigated by Professor Binz, of Bonn, who, in the *Berliner Klin. Wochenschrift*, No. 8, 1875, alludes to experiments made by himself and others as to the effect of quinine in preventing a fatal result after injections of putrid material. He has found that in many cases (of dogs) experimented upon, a fatal result may be prevented by the administration of quinine, and even in those cases where death ensues its advent is much delayed. The temperature is lowered in all cases. As to men, Binz quotes Socin, who, at his suggestion, treated great numbers of patients during the Franco-Prussian war by quinine, in doses of from ninety to one hundred grains daily, with great success. Socin likewise suggests the simultaneous administration of alcohol, and says that he has obtained surprising results. Binz also alludes to the use of quinine in typhoid fever, and quotes Liebermeister as saying that if he had to choose between the use of cold applicants and quinine in a given case, he would choose the latter. As to the objection that quinine affects the intestines and causes bloody stools, Binz says that this result is due to the use of the sulphate, and recommends using the muriate instead.

**The So-called Partial Dislocation of the Humerus.**

Mr. Edmund Owen, F. R. C. S., at a meeting of the Medico-Chirurgical Society, of London, lately endeavored to show, by the aid of four recent dissections, that the cases which have been recorded as examples of true partial dislocation of the humerus are due to the effects of disease rather than of accident. The case instanced by Sir Astley Cooper in his "Treatise on Fractures and Dislocations," and that described by Mr. John Soden, in the "Transactions" of this Society, vol. xxv, 1841, which have hitherto been considered as evidence that this form of displacement may result from "injury," were especially referred to as lending support to the opinion advanced by the writer. The paper was illustrated by specimens.

Mr. Gascoyen said that all these joints, when examined, showed evidence of chronic rheumatic inflammation; and other joints than the shoulder were, in some cases, found to be similarly affected. He concurred with Mr. Owen as to the non-existence of partial dislocation of the humerus from injury, for he was quite unable to see what forces could hold the bone in position when it was dislocated upward.

Mr. Gay contended that the changes met with in these joints were secondary to the dislocation; and he had certainly met with cases in which partial dislocation had followed direct injury to the shoulder.

Mr. Marsh said that no doubt many of these cases were examples of chronic rheumatic arthritis following rupture of the long tendon of the biceps; but he fully believed in the existence of a partial dislocation of the humerus, and thought the bone would be held in position by the biceps tendon, which must be displaced when such dislocation occurs.

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**The Inoculation of Tuberculosis.**

The *Doctor* informs us that Dr. Bollinger (*Arch. fur exp. Path. und Phar.*, 1874) says that inoculation with tubercular (human) substances produces in the dog true miliary tuberculosis of the pleura, lungs, liver, and spleen; on the other hand, in carnivora, it produces none, or scarcely any reaction. Simultaneous inoculation and feeding with masses of tubercle of cattle produce in goats a double infection, namely, at once inoculative tubercles of the peritoneum, and tubercular ulcerations of the mucous membrane of the digestive canal, and well-marked tuberculous alteration of the chyliferous glands.

The bronchial contents in tuberculosis of cattle also causes tuberculosis when inoculated, and also probably when mixed with the food of goats. Feeding with fresh tubercular masses of cattle, when applied to carnivora, is not hurtful, and no tuberculosis appears. On the other hand, feeding with cheesy and fresh tubercle masses on sheep and goats exhibits well-marked tuberculous infection, which is seen in ulcers of the intestine, hyperplasia of the follicles of the intestines, notable swelling and cheesy hardness of the lumbar glands, and sometimes in tubercular eruptions on the peritoneum and in the liver and lungs. The fatal effect of the tubercle poison is seen in this, that even small masses of tubercular lung substance have the power, when mixed with the food, to kill quite healthy goats in about two months. Feeding with simple cheesy pus excites in goats, kept in exactly similar circumstances as the others, no tuberculosis. Several forms of feeding with tubercle exhibited anatomo-pathologically a great unanimity with human scrofulosis, namely, in regard to the hyperplasia and cheesy hardening of the glands in the abdomen and in the neck.

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**Bromide of Potassium in the Treatment of Epilepsy.**

Dr. Otto writes, on this subject, in the *Archiv für Psychiatrie* volume v, No. 1. He concludes that it lowers the excitability of the central ganglia and of the peripheral nerves, and by this means assuages the epileptic attacks. The results are due altogether to the bromine salt. To be efficacious, the dose for an adult must be at least 120 grains. When the dose reaches 180 grains daily, great precautions should be taken. Dr. Otto thinks that it is best to commence with a full dose at once. In cases in which the cornua ammonis were found to be affected, the bromide of potassium had been most effectual. The brain symptoms induced by bromide of potassium afford as good a guide for lessening the dose of that drug, as the pulse does for moderating the dose of digitalis. Dr. Otto does not fear the induction of any permanent psychic lesion from large doses of the bromide. He advises that it should always be administered well diluted with water.

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**Action of Aconitina Upon the Heart.**

Lewin, operating on frogs, finds that aconitina, in doses of .0025 to .0015 gramme, lowers the frequency of the cardiac beats, and this occurs most rapidly when injected into the veins, more slowly when subcutaneously injected, and most slowly when injected into the stomach. The duration of the action varies from one to two hours. It is succeeded by a period of increased frequency of the heart's beats, which is soon followed by irregularity, and, finally, ends in arrest in diastole. At the close of almost all the experiments an arhythmia of the cardiac actions occurred, due to the rapid pulsation of the auricles or to their beating alone. The peripheral nerves, when the poison was administered in moderate doses, exhibited considerable diminution of excitability, and with larger doses paralysis occurred. The heart after death did not always respond to electrical excitation. In experiments on warm-blooded animals, he found that the first symptom observable was marked dyspnœa, and this augmented till death occurred; but by the application of artificial respiration for nine hours and

a half continuously he was able to save the life of a rabbit to which a fatal dose had been given. The dyspnœa is due to the direct action of the poison on the respiratory centre in the medulla oblongata. In regard to the heart, he obtained results of a double nature, partly conformable to those produced by digitalis (corresponding, therefore, to primary irritation and subsequent paralysis of the vagus), partly consisting in a diminution of the force of the heart and a rapid sinking of the frequency of the pulse. The cause of this was the action of the poison on the ganglionic centres in the heart, at one time with integrity of the vagi, and then with paralysis of the vagi.

## Reviews and Book Notices.

### NOTES ON CURRENT MEDICAL LITERATURE.

——Messrs. Keen, Cooke & Co., of Chicago, announce that they have become the publishers of "*The Chicago Medical Examiner*," heretofore published by N. S. Davis, M. D., and F. H. Davis, M. D., and that on and after August 1st, 1875, it will be consolidated with the *Chicago Medical Journal*, heretofore edited by J. Adams Allen, M. D., and Walter Hay, M. D. These two periodicals will hereafter appear as the "*Chicago Medical Journal and Examiner*," and be conducted by "The Chicago Medical Press Association," an incorporated Stock Company, composed of leading medical men of the City of Chicago.

——*The Electrical News* is the title of a new weekly periodical published in London, under the editorship of Professor William Crookes. Its programme of contents is intended to embrace all matters relating to the science of electricity, together with special reports of progress in the art of telegraphy, and the various practical applications of electrical machinery, medical and otherwise. It is a handsomely printed publication, in magazine form, twelve pages.

——Messrs. Baillière, Tindal & Cox have published the first number of the *Veterinary Journal*, a new monthly magazine, the character of which is indicated by its title. It is conducted by Mr. George Fleming, veterinary surgeon to the Royal Engineers, and if it keeps up the promise of its first number, will certainly prove an excellent repertory of veterinary science.

——The proprietors of the Vichy Springs have published a pamphlet, entitled, "Medical Study on the Mineral Waters of Vichy," setting forth the therapeutic properties of those sources. It is carefully compiled from various medical writers, and can be had gratuitously of the general agents, Bouché, Fils & Co., 37 Beaver St., New York.

——The *London Medical Record*, published by Messrs. Smith, Elder & Co., after appearing 130 times as a weekly, now ceases as such, and is to appear henceforth as an eighteen-penny monthly.

——An interesting catalogue of old books on medical science, for sale by H. Georg, at Basil, can be obtained from E. Steiger, 22 Frankfort street, New York, who will also promptly fill orders.

### BOOK NOTICES.

**Transactions of the McDowell Medical Society, for the year ending Nov. 4, 1874. Evansville, Ind., pp. 85.**

This recently organized Medical Society, named after the eminent Dr. Ephraim McDowell, embraces the district covering Hopkins, Union, Christian, Webster and Henderson counties, Ky. The first President was Dr. J. B. Cook, of Henderson. The papers contained in the present publication are, as a rule, carefully written, and on topics of interest to medical practitioners. An appropriate memoir of Ephraim McDowell is contributed by Dr. James H. Letcher. Dr. Benjamin Letcher has an article on the antiseptic treatment of smallpox, speaking well of liquid carbolic acid. Dr. J. A. Hodge reports a singular case of a gunshot wound of the stomach and kidney, with recovery. Another, not less curious, is given by Dr. S. Furman, that of a boy, of ten, who swallowed a ten-penny nail, without ill result. Three cases of encephaloid testes are described by Dr. Pinckney Thompson; Dr. J. L. Cook, in an article on phthisis, emphasizes the importance of an early diagnosis; Dr. J. D. Collins describes a longitudinal cervical elongation of the uterus, with an operation by the elastic ligature; Dr. Robert Stuart reports on public hygiene; Dr. J. W. Thompson urges the prompt use of mercury in syphilis.

THE

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## REASONING IN MEDICINE.

### II. Definitions and Methods of Observation.

In beginning to reason, the first thing to settle is what we are to reason about; and this is done by a Definition. Few writers succeed in this. The makers of dictionaries give synonyms, or paraphrases for definitions. This will not do in science. What is there demanded is a statement of all properties common to the object defined, and an exclusion of all not common to it. Dr. Whewell profoundly observes that the true use of a definition in science is "to point out the path for future investigation." In other words, a scientific definition approaches a description.

The usual fault with medical definitions is that they include too much. Professor Bain quotes this definition of fever by Dr. Parker:—"It essentially consists in elevation of temperature, *which must arise from an increased tissue change, and have its immediate cause in alteration of the nervous system.*" To these latter words Professor Bain objects. He says, "They are not idle phrases, but describe circumstances of radical importance. Why, then, exclude them from the definition? The reason is that the complications of disease require the separate discussion of whatever can be separately discussed with advantage; and almost everywhere in medicine it is advantageous to separate the description of the fact from the inquiry into the causes of the fact. A definition should give whatever is essential to the determining of a fact or phenomenon. It should not assign the causes, nor deduce the consequences of the phenomenon; this is to advance beyond definition, to predication."

The correct course is to adhere to the description of the characters of a disease, so that by the definition it may be identified, refraining from all remarks bearing on the causes or consequences of the symptoms. The following definition of tuberculosis, taken from Steiner's *Compendium of Children's Diseases*, is another example of a definition which jumbles up both cause and effect with definition:—"Any lesion of nutrition which results in the formation of numerous small gray nodules, known as tubercle, and which, according to some authors, have an inflammatory origin." Many of the definitions in Dunglison's Dictionary (last edition) are models of their kind; but to define Fever as "one of the most frequent and dangerous affections to which the body is liable," is meaningless; and others, as that of "Cephalic Fever," a febrile affection of children attended by fever, etc., and a train of phenomena often supposed to be premonitory of an attack of hydrocephalus," sin against nearly every canon of definition.

The first requisite of a definition is that it shall be exhaustive—that it shall embrace all the properties common to the class defined. To trace the dependence of these upon each other, their causes and their consequences, is an after operation.

These latter are what are called, by logicians,

"predications," and should not be mixed up with defining clauses. Such predications consist of the inferences drawn from the definition, the remote and exciting causes of the malady, its immediate and remote effects, or sequelæ, and its remedies. These are to be determined by subjecting observations of facts to the canons of induction. These canons are known as the Methods of Agreement and Difference. By the canon of Agreement we are justified, when several instances of a phenomenon have only one circumstance in common, in assuming that circumstance as its cause. Thus, if in a number of cases of typhoid fever in a village the only circumstance common to all the sufferers seems to be the consumption of milk from a particular dairy, we may assume that this agreement points to that milk as the cause of the fever.

By the canon of Difference, when a disease frequently occurs under certain circumstances, and never occurs when a particular one of those circumstances is wanting, we may infer that that one circumstance is its cause. All must remark, however, the serious difficulties in applying these methods in medicine. Plurality of causes and intermixture of effect occur in the most aggravated forms. Any reasoning from the body in health to the body in disease, still more from the body dead to the body living, or from lower animals to man, is liable to great errors, from the impossibility of applying fully either the Canon of Agreement or of Difference. It is simply impossible to take into account all the circumstances of a phenomenon. We do not know them. Hence, we must content ourselves with obtaining the greatest probability possible, by the "elimination of chance."

By this is meant the method of deciding whether a coincidence occurs more frequently than can be accounted for by chance; in other words, whether it signifies a causal connection. As this is what nearly all medical reasoning comes to, sooner, or later, we shall give our attention, next, to inquiring what degree of probability entitles a coincidence to be lifted above the region of chance, and finally to justify the assumption of a causal connection.

An example of the use of these methods may be taken from the discussion on the origin of zymotic disease. It has been argued that, because there are many points of agreement between, for instance, the phenomena of the growth of the yeast-plant and the inoculation of small-pox or infection by scarlatina, therefore the cause of the latter, as of the former, set of phenomena must be similar germs or spores. That is the precise point in question; and the argument from analogy, or, as we may express it, the argument by the "Method of Agreement," seems by no means to warrant the conclusion drawn from it. When we come to apply the "Method of Difference," we are the better able to realize the fallacy underlying the argument. Thus, the two sets of phenomena agree in many respects, but they differ in at least one important particular, namely, that in fermentation the spores of the yeast-plant are at once easy of demonstration, and their source from pre-existent germs is matter of observation; while, in the case of zymosis, either no such organisms are found at all, or, if they be, it has yet to be proved that they are introduced into the organism in that form. When this is all the proof advanced in support of the theory, it manifestly becomes a duty to suspend judgment, at least till such a time as further corroboration of truth is offered us.

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**CRITICISMS ON THE THEORY OF EVOLUTION.**

The singular narrowness of those scientific writers who seek the explanation of all things in physical force and motion, is constantly illustrated when any line of study is carried to its highest laws. The persistency of Form is wholly unexplained by the known laws of force; the origin of religions fails utterly to be explained by outward phenomena, as David Hume showed, a century ago.

A noteworthy criticism on these theories has

lately appeared, from the master hand of Dr. Lionel Beale, the eminent microscopist, in his Lumleian lectures. He fairly states and uncompromisingly attacks the positions of the material evolutionists. The close of one of his lectures will bear quotation, to show his position and the nature of his arguments:—

"Every attempt to explain the formation of any definite organ by what is called evolution and the operation of physical causation, independently of intelligence, and of guiding, governing power, has signally failed. Even with the aid of that wonderful 'nature,' with a capacity for differentiating herself, which the evolutionists have been obliged to call to their aid, we get only a very confused and inadequate notion of the formation of any single tissue of any one organ—the eye, for example. Let it be fully explained, in full detail, according to evolutional law, how the formation, not of the eye as a whole, but of one only of the tissues of the eye, is carried out. Such an explanation would have far more weight than the assurance that the eye may be compared with a telescope, or that it exhibits an indelible stamp of its lowly origin. By vague suggestions of this sort nothing whatever is proved, or even rendered probable. An interpretation of facts is authoritatively given, favorable to certain preconceived views, and that is all. Other interpretations might be given, but for the time all others are excluded, by authority which rules as if it were infallible.

"No one has yet been able to account for the arrangement even of the nerve fibres of a nerve plexus of the eye or of any other organ. The little papillæ of the frog's tongue are, as I have remarked, organs admirably adapted for investigation, and I wonder that these have not been selected to illustrate the theory of evolution. They can be easily obtained for study, and are far less complex, and more easy of investigation, at every stage of development, than the eye. A discussion concerning their formation, and the laws by which it is governed, would be extremely interesting. It is not very likely that evolutionists will accept this or any other challenge, for the purpose of testing the application of their doctrine to the details of anatomical structure. They prefer generalities; and as long as they are able to make people believe that their doctrines are true, and that their prophecies will be verified, they are wise. If they are encouraged to persist in calling attention to general characters, to the exclusion of details, and to select out of nature's storehouse just those facts which support their own theories, taking no account whatever of facts which cannot be explained by them, they will be able to hold their own, but whenever they are forced to go into detail, and study the minutiæ of the development of an individual organ, the difficulty of the application of the doctrine will be apparent enough to every one, and the further the investigation is pushed, the more will the difficulties to be surmounted by the evolutionists increase, as regards degree and number."

Here are points well taken, and the evolutionists have been guilty, over and over again, of the unfairness charged them.

But the doctrine of Development, modified by the principle of Intelligence, is not to be renounced. A scheme has been advanced by Professor Laycock, of Edinburgh, which combines these two principles, and which, partly owing, no doubt, to the technical terminology he has adopted, has not received the attention it merits. His theory is that of formative ideas which control and direct evolution.

John Stuart Mill, as recently quoted in these pages, has pertinently remarked that thought and feeling are truer to us than aught else—are, in fact, the only truths we certainly know. Therefore, to omit these from any general Theory of Things, is deliberately to deprive that theory of its first and only real claim upon our belief.

## Notes and Comments.

### Medical Editorship.

Dr. N. S. Davis, and his son Dr. F. H. Davis, have retired from the editorship of the Chicago *Medical Examiner*, as elsewhere announced. The opinion they express of medical editorship, in the printed circular announcing their retirement, is a sad but true commentary on its labors and inadequate recompenses. They say:—

"For more than twenty-five years one of the undersigned has been engaged in the work of editing medical journals, and has allowed it to absorb much of the time that could be snatched,

in fragments, from a busy professional life. But neither of us wish to devote so much valuable time to such work longer, and hence transfer it to other parties."

### Dean Stanley on Medical Students.

At a recent hospital dinner, Dean Stanley said, that in looking over all the professions, "if we took the best classes of all the students, the best specimen of all was the best kind of medical student. It might also possibly be said that the worst specimen of all was the worst kind of medical student." On the second proposition he did not enlarge, but he assigned three reasons why a good medical student ought to be better than that of any other profession. First, he had to deal with the alleviation of human suffering, and to do good in the most direct form. Next, familiarity with human suffering quickened, instead of deadening his sympathy. And again, that, so far from being led to disparage the spiritual and moral part of human nature, by having their attention fixed on the outward physical frame, medical students were led to feel, perhaps more than any other persons, the difference between what was merely external, and what was moral and spiritual. If they had fixed in their minds the one central thought, that the moral nature of man is above everything else, that would be at once a guaranty of their own good conduct, and also of the stability of their intellect amid all the various changes, and variations and speculations of an advancing, and sometimes retrogressive age. Certainly a student with these views would be the best kind of a student, and as a practitioner the best kind of a physician.

### Course of Cholera.

Mr. Tholozan, physician to the Shah of Persia, now in Paris, has laid his views before the Academy of Medicine, and we here offer an abstract of them. The starting-point of the epidemics of 1831, '47, '52, '56 and '65 had in former communications been settled by the author, he having shown that most of the epidemics which have been observed in Europe for the last thirty years have not been imported from India, but have arisen from the germs left by preceding epidemics. He wished to ground his opinion upon facts alone, especially as to the nature of the original manifestations of cholera, and the manner in which it has spread. M. Tholozan endeavors to prove that in India as well as Europe the epidemics of one period spring from incompletely extinguished former epidemics. Cholera reigns in Europe in the same manner as on the banks of the Ganges. It incontestably traveled first from Asia to Europe; but it is equally sure that for the last sixty years it has settled amongst us, continues so, lies dormant, and sometimes breaks out, just as happens in India. Those who think that every cholera epidemic in Europe is imported from India are in error, no facts supporting the theory. The truth is, according to the author, that the scourge has a wonderful power of spreading, and exhibits variable intensity and symptoms. But although the effects, the manifestations, and the contagious properties present modifications, although the danger may increase or diminish, the morbid entity remains the same, and those who make a distinction between Asiatic cholera and the sporadic form of the disease (cholera nostras) are grievously mistaken. M. Tholozán is a supporter of quarantine and sanitary restrictions, on account of certain advantageous results which have accrued from them.

### The Dangers of Cantharides.

We see it stated in the dailies that two young men, of Warsaw, Indiana, gave a young woman a dose of wine and cantharides, for an infamous purpose, and caused her death. They acknowledged the act, and are in jail.

Physicians should take proper occasions to disabuse the public mind of the belief that cantharides is an aphrodisiac, and also to warn of its dangerous character. Vile publications have disseminated a belief that it is a true venereal excitant, which it is not, in any sense.

### Social Science Questions.

At the approaching Social Science Congress, at Brighton, the following questions will be discussed in the Health Section:—1. To what causes are to be attributed the ill-construction and want of sanitary provisions which exist in the dwellings of the upper and middle classes, and what is the best method which should be adopted to remedy and rectify the same? 2. What are the advantages or disadvantages of water supply being lodged in the hands of local authorities? 3. What are the advantages of English, as compared with foreign watering places and health resorts? What are the best means for rendering the English watering

places more efficient, for obviating the dangers arising from the occasional introduction of infectious diseases, and for determining the annual rate of mortality in each district?

### Amylnitrate.

Speaking of this body, the *Pharmaceutische Zeitung* says that its applications are still circumscribed. It differs from amylnitrite in the following particulars: it has a higher specific gravity (.0·919), a higher boiling point (147° to 148°), possesses a very disagreeable *cimicular* smell, and is colorless. The designations *Amylnitrite* and *Amylnitrate* have so often led to mistakes in substituting one for the other that it is recommended to employ the names *Nitrite of Amyl* and *Nitrate of Amyl*.

### "Volta's Electro-magnetic Chain Belt."

In reply to numerous inquiries, we repeat that we have never recommended, either personally or editorially, this device, and we never shall recommend it. The long quotation in the Company's circular, headed "From the Philadelphia *Medical and Surgical Journal*," never appeared in the REPORTER, and no journal of that name exists in this city. We call upon the Company in Cincinnati to remove that extract from their circular, and if they do not, we shall characterize them as deliberate swindlers.

### Elimination of Alcohol by the Respiration.

Aug. Schmidt (*Centralblatt*, 1875, p. 371) states that, having read Henbach's late observations, showing that little or no alcohol appeared in the urine of febrile patients to whom it had been freely administered, he resolved to submit the expired air to renewed investigation, and the result of his experiments is, that when fifty ccm. of absolute alcohol have been consumed, at most only a trace can be discovered in the expired air. This is in full accordance with the statements of Anstie and Dupré.

### Chloral Hydrate.

On this body Professor König writes as follows: The narcotic power of chloral hydrate is increased to an important extent, and its prejudicial effects reduced in the same proportion, if bicarbonate of sodium be administered immediately before. After five observations I believe myself to be in a position to state that one part, by weight, of chloral hydrate, may be replaced with equal effect by one part of bicarbonate of sodium, and four-tenths of chloral hydrate.

## CORRESPONDENCE.

### Letter from the Seashore.

ATLANTIC CITY, July 19, 1875.

ED. MED. AND SURG. REPORTER:—

In my last letter I dwelt, and with truth, upon the great advantages of this locality as a health restoring and invigorating agency. I stated that a certain case of neuralgia, which had resisted all ordinary forms of medication, had been entirely cured by a residence at this point. To be fair in giving a just estimate, and not overstep what is proper and right, I have to record that certain winds and indiscretions of diet will induce an attack of neuralgia if the disease is hereditary, even in this locality, but its duration, like intermittent fever, is, if properly treated, short-lived. Such an attack the writer attended on Sunday, the 18th of July.

The patient said that it was hereditary; her father and uncle suffered from it. It was her second attack at Atlantic City, having had a similar one the previous season, which was relieved by a hypodermic injection of morphia. Finding in the case a furred tongue, and heavy odor from the stomach, I directed an alterative and laxative, but relieved the neuralgia by the morphine.

Again, I dwelt upon the great uniformity of the temperature, and character of the winds during the ten days prior to my last letter; since then the winds have entirely changed, for the most part of the day blowing from west and northeast, giving us a land breeze, and the temperature on the 18th was 95°, which was higher than I ever experienced in my numerous visits to the Island; still the night was cool.

Another disease I find common, even in those in good health, viz., diarrhœa; frequently caused by eating oysters, cooked, and drinking too much of the rain-water. Oysters should be forbidden as an article of diet, also the weak fish, for the former are sometimes soft and milky, which, when cooked, is not noticed by those who partake of them, while this form of fish are difficult of digestion; flounders, sea bass, blue fish, and sheep head, are much more easily digested.

I also find, in the more closely built-up localities, the atmosphere is charged with offensive odors and the drainage is very imperfect. Now, as the season advances, from July into August, this will become much worse, owing to the higher temperature and humidity, promoting decomposition of organic matter. Particular attention should be paid to a thorough system of underground drains or sewers, with traps to the sea, which should be open at night, so as to conduct all the waste of the hotels, dwellings, and outhouses away from the buildings.

These sewers should be daily flushed with sea water, and all the impurities which now endanger health, life, and real comfort, should be carried into the sea, while all garbage should be carted away and covered with dry earth.

I am much pleased that the water supply is eliciting that attention which the merits of the subject demands, and I trust that the liberal-minded inhabitants and owners of cottages will unite with the authorities and railroad company in obtaining an abundant supply of soft, pure, cool, and health-giving water, free from organic matter.

We, as physicians and sanitarians, should insist that in Atlantic City imperfect drainage and impure water should not be permitted to cause low forms of fever, cholera, diarrhœa, etc., which have been so destructive to the prospects of many of our watering places. Timely attention to this important subject will avert such sad scenes of danger and death as occurred at Mount Desert, Gregory House, Lake Mahopac, and other localities, where the water and soil became poisoned by human excreta, etc. We trust that the newly-organized board of health, who are most of them physicians and sanitarians, will reach, by their influence, every point, and accomplish this desirable object before the immense influx of visitors during the centennial year. Yours respectfully, L. T.

### The Cold Water Treatment of Scarlatina.

Ed. Med. and Surg. Reporter.

I observe, through your columns, that many members of our profession do not seem to be willing to accord to Dr. Hiram Corson, of Conshohocken, Pa., due credit for having first promulgated, even if he did not originate, which I think he did, the idea or method of treating scarlatina by the application of ice. Since the publication of Dr. Corson's method, I have applied it in a large number of cases, and have found it not to fail in a single instance.

In the simple form of disease almost all that is necessary is careful nursing, little treatment being required; but when the typhoid element manifests itself, there is neither medicine nor method of treatment so efficacious as the application of ice. Before Dr. Corson's method of treatment was known, I had cases of scarlatina that proved fatal, notwithstanding every effort was made to save, under other modes of treatment, but since adopting his, I have had some forty cases of the most malignant type, and have not lost a single one. Some of these cases had been greatly neglected; throats were swollen, having gangrenous spots, accompanied by great physical prostration; in fact, I might almost say the sufferers were at the very threshold of eternity, as under any other treatment I had not seen or known of a recovery in any case equally bad. The application of ice seemed immediately to stop the formation of plastic matter, and reduce the swelling rapidly; the throat would clear in a few days, and a recovery followed speedily. I use, in connection with the ice, in severe cases, the internal treatment recommended by Dr. C. Yours truly,

James Y. Shearer, M. D.

*Sinking Spring, Pa.*

[We believe Dr. Jackson, of Northumberland, Pa., first advocated the cold water treatment in this country.—Editor.]

### Abnormal Placenta.

Ed. Med. and Surg. Reporter:—

Nearly two years ago I was called to attend a young married lady in her first confinement. The case progressed rapidly enough, and the pains were very severe. Very much to my chagrin it proved to be a footling presentation, and I had no forceps at hand. The lady was pretty strong and I bided my time, knowing full well the danger that was ahead. In a short time the body was expelled, but the head was retained within the vagina, and as firmly clasped, apparently, as is the head of the humerus within the glenoid cavity and its capsule.

The child's right was to the mother's left. No time must be lost or the child's life will certainly be sacrificed. Traction that would be sufficient to dislodge the head would sever the neck of the child. Delay were Scylla, and haste Charybdis. What must be done? I turned the body of the child upward over the pubes, inserted the index finger of the right hand into the vagina, and worked my way gently up to the child's mouth, into which I hooked the finger and brought down the chin. With the second and middle finger of the left hand I straddled the neck of the child, and so made firm and persistent traction, rolling upward and outward the retained head. When I had used force far more than I thought necessary to destroy the life of the infant, resistance was overcome and my triumph was complete. The child is living to this day, to remind me what an amount of force may be used, when gently proceeded with, and yet without injury to either mother or child. The lady made a good recovery.

Recently I was called again to attend the same lady in her second confinement. The case progressed well; the pains were rather feeble at first, but in a few hours augured business. The presentation was natural, first position. A healthy nine-pound boy was the fruit of this labor.

The placenta was tardy; on examination I found it detached, and exceedingly large. I twist it, work it this way and that, and finally succeed in bringing away a mass of several pounds weight, and of most singular structure, hard, almost crisp, in the central portion. A stony deposit of splinter or needle-like masses would crack and break under pressure. No examination was made as to the exact character of the deposit. There is probably nothing new or strange in this case, but it is the first and only case of the kind I have met in a practice of ten years. The lady made a good recovery.

*Petrolia, Pa.* A. D. Binkerd, M. D.

# News and Miscellany.

### Disease Among Cattle.

The Doylestown *Democrat* says: A curious epidemic has made its appearance among horned cattle in and about Morrisville, in this county. The disease commences with an affection of the hind parts, a general weakness and difficulty in moving the hind legs, not so much of stiffness as a loss of motive power, the appetite generally remaining good, although there are exceptions. Almost as soon as attacked, the weakness in the hind quarters is so great that the animal is compelled to drag itself along the ground, and is in a measure altogether helpless. It is supposed that the disease is an affection of the spine, causing partial paralysis of the limbs. A number of animals have been attacked, and several deaths have taken place.

### Female Physicians in England.

Early in July the General Medical Council of Great Britain discussed the status of female physicians. Their opinions were expressed in the following resolutions:—

The Medical Council are of opinion that the study and practice of medicine and surgery, instead of affording a field of exertion well fitted for women, do, on the contrary, present special difficulties which cannot be safely disregarded.

If it should appear to the Government and Legislature expedient that women who desire to obtain a legal status as medical practitioners in this country should not be debarred from obtaining that status, the Council are of opinion that it should be under some such arrangements as the following:—1. That in the interests of public order, the education and examinations of female students of medicine should be conducted entirely apart from those of male students. 2. That with reference to the "examination rules, or other conditions" which prevent women from accomplishing their wish, the Medical Council have to state that, under the provisions of the Medical Act, those persons only can be placed upon the Medical Register who have been admitted to medical degrees in the universities, or who have been admitted fellows, members, or licentiates of one of the medical corporations of the United Kingdom. It appears that most or all of the universities and corporations are unable or unwilling to admit women to their degrees, or to admit them as members of the respective corporations.

The Council have already had their attention drawn to the importance of securing more efficient instruction for women who engage in the practice of midwifery, and whose services are largely employed, especially by the poor of this country. The Council feel very strongly that it is desirable that some means should be adopted for securing a better education, and granting certificates of competency to women who act as midwives. For, whilst fully admitting that, for the safe and efficient practice of midwifery as a branch of medical science, a full and complete education, both in medicine and surgery, is required, the Council believe that a much more limited and less expensive education might be afforded to women, who, after due examination might, as midwives, render valuable service to the community, and supply a deficiency long felt and expressed.

### Personal.

—The Springfield (Mass.) *Republican* gives us the item that a boy child of Dr. J. Shea, born last month, was weighed immediately after its birth, by Dr. Rice, in the presence of a dozen witnesses, with balance scales, and weighed 20 pounds and two ounces. Can this be beat?

—Foreign journals announce the death of M. Demarquay, the well-known surgeon of Paris, which took place on June 21st, at his birthplace, Longueval, in Picardy. The cause of death was an organic affection of the stomach.

### Items.

—The yellow fever has diminished at Key West. An "absolute" quarantine is maintained at Pensacola, and if it fails, the Navy Department will give up that post.

—It was stated, on the 29th ult., that there had been 19 deaths from yellow fever at Fort Barrancas, out of 64 cases of the disease. Among the victims are Lieutenant Deshler and Mrs. Lieutenant Ingalls.

—A New York letter, of July 24th, says the mortality for the week ending to-day shows another heavy increase. The total interments foot up nine hundred and fifty-six. Owing to the absurd way in which these vital statistics are made out it is impossible to tell to what particular disease the increase is chargeable. It is all left to guesswork. We might have an epidemic among us, for that matter, without being any the wiser by these weekly reports, which are confined to a simple record of the total deaths. This is most discreditable.

## QUERIES AND REPLIES.

*M. D., Newark, N. J.*—We beg to refer you to any standard treatise on astronomy, and you will find your views about the lunar and planetary temperatures corrected.

## DEATHS.

Lent.—At his residence, in Liberty Mills, Ind., July 27th, 1875, C. V. U. Lent, of Bright's disease of the kidneys. Buried Thursday, the 29th, with Masonic honors.

Poague.—Mrs. Eliza B. Poague, wife of Dr. John A. Poague, and daughter of Jacob Bonsack, Esq., of Roanoke Co., died at her home, in Rockbridge Co., Va., Jan. 4th, 1875, in the 24th year of her age.

Poague.—Eliza Bonsack Poague, infant child of Dr. Jno. A. and Mrs. Eliza B. Poague, died February 1st, 1875, aged 8 weeks.

THE

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## Original Department.

### Communications.

### AMERICAN CONTRIBUTIONS TO MILITARY HYGIENE AND SURGERY.

BY T. D. CROTHERS, M.D.,
Of Albany, N. Y.

The present uncertainty of continental governments, and the great activity in military circles, perfecting the machinery of war, are significant of bloody struggles not far in the future. A physician now traveling in Europe writes me that the medical departments of nearly all the continental armies, particularly Prussia and France, are being reorganized. Field hospitals of tents, and stretchers with Dr. John Swinburns' attachment (for extension and counter-extension), are being introduced. In the French army an ambulance wagon of the American pattern has been adopted, and other minutia, including special instructions and regulations for the field of battle, which were practically the teachings of the American ambulance, during the siege of 1870 and 1871. This ambulance (or hospital) was a reproduction of the methods and appliances used in the hospitals during our civil war.

The resources of field sanitary service and military hygiene had remained unchanged in most European armies from a period remote. Operative surgery had been studied with care. Learned surgeons had followed the great armies, and wrote well on the surgical necessities of the field, but its military hygiene was comparatively unnoticed. The mortality in the hospital and rear of the battle-field, from wounds and neglect, was fearful, and thought to be unavoidable, until America taught that it came from want of hygienic care.

A comparison of some of the methods seen in the French and Prussian armies during the French and Prussian war, will show how far back they were, and how essential to have some change.

The French medical service is performed by two classes of surgeons; one in the field, moving with the troops, the other back, with the hospitals. They are subordinate to the military, and are under stringent regulations respecting the care of the sick and wounded. The diet and medicines are designated, and nothing can be prescribed beyond this, unless at the expense and responsibility of the surgeon. As operators the same limitation is imposed, confining them to certain plans and methods. Surgeons with the moving army may aspire to promotion for bravery as fighting men, receive commissions, and do double service. Surgeons in the rear may become, by long practice, medical directors, whose principal business is to look after the expenses and business interests of the hospitals. An operating surgeon has very little judgment of his own to exercise, it being determined by the advising staff what shall be done, and the dressers and attendants finishing the work. The hygienic care is left to the nurses, and to general circumstances, and also the particular diet and time of giving it. Most of the surgeons in the field are young men from civil life or hospitals, with but little general knowledge of either military surgery or hygiene. Occupying an inferior position to the military, and hemmed in by minute regula-

tions, their sphere of usefulness is narrowed. In the Prussian army the same class of men are seen, who can only aspire to a commission in the ranks, or be promoted as directors; during this war nearly seventy surgeons were killed on the battle-field, indicating the ambition for military promotion.

The working of the medical staff on the field or in the hospital, in the Prussian service, was more formal and cumbersome than in the French army; the latter were more ready to act in emergencies, and cared less for regulations; the former worked with a deliberate consciousness of fulfilling the exact letter of instructions. To illustrate: near Metz, after one of the sorties by the Prussians, during which they were forced to retire leaving their wounded, nearly thirty-six hours elapsed before formal orders were given to bring them in; during this time a force of surgeons and stretcher-bearers remained in full sight, and less than a quarter of a mile away, listening to the cries and groans of the wounded, waiting for orders.

The first attention paid to the wounded was very formal in the Prussian service. The surgeon directed his assistant to tie up the wound with a bandage carried by the soldier, or perform such other service as the immediate occasion required, sometimes assisting himself, but generally directing. Then came the stretcher bearer, and removed the wounded that could not walk to some central point, where other surgeons diagnosed the case with more care. The first surgeon on the field (at his option) labeled the wounded with pasteboard cards, giving diagnosis of wound and all facts essential or likely to be lost in the hurry and confusion. This was done, in the latter part of the war, in all cases where the brain would possibly be affected. The second dressing in the rear made record in this way of all the severe cases; here the real field surgery was performed, including all dressings that were essential, and then another removal followed, to the hospital, generally some church or public building, where final dressings and nourishment were given.

The French carried the wounded from the battle field direct to the hospital, administering wines or cordials, if possible, at first, limiting their attentions to dangerous wounds and temporary dressings. Field surgery was limited, and most of the work was performed at the stationary hospital, where the more dangerous cases remained for some time.

Among the wounded French a species of patriotic frenzy prevailed, manifested in the songs, shouts and exultations; each man seemed buoyed up with a martyr-like courage, and the surgeons moved round with an air of triumph. With the Prussian wounded this was reversed; intense depression, marked by groans, sobs and curses, followed.

The Prussian surgeons worked with a mechanical indifference still more depressing. The effect of this was noticed in the amount of care and attention necessary; also, in the reaction from the shock of the injury, and the rapid fatality or recovery which followed.

The wounded French seemed to vie with each other to keep up, and depend as little as possible on surgeons and attendants. In many instances, enthusiastic wounded, pressing forward to continue the battle, had to be forced back. Among the wounded Prussians, as soon as they were beyond the battle field, helplessness and inability of the most abject kind prevailed. Attendants and stretcher bearers were overburdened, and quite frequently men awaiting transportation had to be driven back at the point of the bayonet, on foot, they seemed so helpless. The mortality from the same class of wounds was greater (particularly among the Bavarians) than in the French service, and the field hospitals were always filled to overflowing with men suffering from both physical and nervous shock.

In the transportation of the wounded back from the front, the rudest and most irregular methods were adopted. The French had no regular organization, except a few wagons of irregular models. They expected to secure ambulances, such as they could get from the towns about the battle fields, and trust to the railroads. Had the war not been transferred to the walls of Paris, where carriages were readily procured for all occasions, great suffering would have followed this want.

In the Prussian service the ambulances were like our lumbering omnibuses; the wounded were forced to sit up, in a constrained posture; the stretchers were, many of them, mounted on wheels, similar to our wheelbarrows. No particular system or plan of ambulances was used, and vehicles of all descriptions were pressed into service. The railroads were largely used, but the cars were either so close as to be uncomfortable, or very cold, and worse than the average American cattle car.

The Bavarian troops, in their sanitary

management, were notoriously deficient, and wanting in common sense sanitary rules. Officers and surgeons who had seen service for a quarter of a century had no practical ideas of temporary field hospitals. All the theories and discussions by learned authorities had contributed no light on this subject, and the same methods were practiced that had prevailed for years. Wounded men on the field were hurried back to large close buildings, such as churches, cathedrals, nunneries, railroad stations, etc., and the over-crowding was always a source of mortality. No effort was made to treat the wounded on the field, except in cases of necessity.

In the French service, when the war came near Paris, the citizens vied with each other for the care of the wounded at their homes, and by this means prevented many of the evils from concentration. Later, hospitals were improvised, of various materials and shapes, according to the taste of the manager, but the old idea prevailed that elaborate buildings were essential for all successful treatment. Many instances occurred, where these hospitals, established in a church or convent, became the centre of small-pox cases, which spread rapidly before the formality of removal could be completed. A single case, near Metz. in a church, spread to over a hundred cases before separation was finally secured. The idea prevailed that permanent housing was of first importance.

Baron Munday, of Vienna, organized an independent medical service, called the Order of the Red Cross, which adopted many of the American plans, with excellent success, and lessened mortality. The French surgeons, when the government changed, became more independent and personal in their hospital management, adopting many changes and innovations, but the Prussians continued without change until the last hospital disappeared.

In the treatment of wounds the Prussians were heroic, and confined to a few rules, from which they rarely varied. In operating, little attention was paid to time and circumstances. They operated well, but were hemmed down to a certain routine of after-treatment. Conservative surgery received no attention, and nearly all gun-shot injuries of the extremities were treated by amputation.

The French were more bold and independent, and at the same time conservative. In some hospitals new methods and plans were freely tested, but generally, in both armies, all treatment was according to certain established methods, and its application was made without much regard to any special case.

In the Prussian service all hygienic responsibility ended when a warm hospital building was secured, irregardless of bad air. Ventilation has always been considered of secondary importance on the continent. In Paris the general distribution of the wounded among private families, and the many public buildings devoted to hospital purposes, lessened this evil to a great extent. From the Prussian front, to Berlin, hospitals of all kinds were crowded and wanting in ventilation. As a result, pyæmia, typhus, etc., were always present. In Paris these affections prevailed, but often from the want of proper nourishment, and general depression resulting from the siege; but in the Prussian service it was want of hygienic care and management. At one time, the railroad sheds along the Lyons railway were used, by necessity, as hospitals. The German press raised a great outcry against the exposure of the wounded with nothing but sheds to protect them, yet the statistics showed not a single case of pyæmia or gangrene in them, and its existence in churches and close buildings in the vicinity.

Alimentation was considered of secondary importance in both armies. The Prussians at length made changes, increasing the diet lists, but the French, from necessity, remained the same. The diet lists of both armies were based on teachings half a century old. The Prussians made exactness of time and quantity of equal or more importance than quality. Stimulants, soups and coffees were used moderately; with the French more freely. Bathing and cleanliness were also of secondary importance, and attended with excessive formality. To the Prussians pure air and water seemed of no importance; the French entertained no settled convictions on this subject. The medical instruction of both armies, given to the surgical staff, were exceedingly minute, and so often in conflict with the actual necessities of field service as to be ignored by surgeons who dared. Many of the surgeons were unused to independent action, and were in a continual struggle to follow directions and avoid colliding with the military; hence the formality and irregularity of their service. After the fall of the monarchy the French improved, and were much in advance of the Prussians.

The results of hospital treatment were tabled carefully by the Prussians, in the aggregate, but the histories of particular classes of injuries were not followed or recorded. In the French service certain statistics were gathered, relating to particular cases, of real value, from their accuracy and reliability. Through want of system and organization, the statistical results of both armies will be of minor importance, compared to what they might have been. This will give the reader a general idea of the medical departments of both armies and their workings during this war, and also a better understanding of the influence and teachings of the American ambulance.

The universal exposition of Vienna, in 1867, exhibited to Europe the progress Americans had made in military hygiene, in the models of board and tent hospitals, stretchers, ambulances, and means for alleviating the wounded on the battle field. As practical advances in science they attracted no attention, and when the war broke out, three years later, both France and Prussia went into the field with the same medical resources of half a century ago. The medical staff, assistants, stretcher bearers, in discipline, numbers and efficiency, remained the same. The presence of typhus, gangrene, purulent effections, etc., from overcrowding, had followed every army, and was considered concomitant, and beyond all possible means of eradication.

The rudeness and want of system displayed in the French service stimulated some enthusiastic Americans to put in practice the American hospital system, as an independent sanitary organization, starting from Paris. The government, recognizing its want in medical organization, encouraged these volunteer efforts. Dr. Evans, the projector, proposed to have a number of separate hospitals, both stationary and temporary, following the army, but the rapid shifting of events limited the enterprise to a single hospital in Paris. It was put in operation September, 1870, and closed in February, 1871. Dr. John Swinburn, formerly port physician of New York, and a surgeon of high reputation, who was traveling in Europe, consented to take charge. The history of this hospital (called ambulance) has been recorded long ago, in Dr. T. W. Evans' "Sanitary Associations during the Franco-German War of 1870 and 1871, vol. 1, London, 1873," and Dr. Gordon's "Lessons on Hygiene and Surgery from the Franco-Prussian War, London."* We propose to show some of its influences on the military hygiene and surgery of Europe, now beginning to be realized:—

In army field hospitals the American ambulance has caused a great revolution. These field hospitals, created by the necessities of the battle-field, where the numerous wounded cannot be sent back without great mortality, are continually changing with the army, demanding skill and promptness in their organization and management, equal to that of a military campaign. The first problem is suitable shelter. The American ambulance indicated that tents and board barracks would answer this want better than the most elaborate buildings; that they could be used at all seasons of the year, and with very simple appliances be uniformly heated. All offers of nunneries and palaces were refused by the American ambulance, who preferred an open square, where tents could be used and barracks built. These tents were heated from a trench through the centre of them, beginning with a furnace at one end, and terminating in a chimney at the other. This flue was composed of loose brick, which allowed thorough radiation of heat, making the soil about and under the tent a medium for its transmission. The ventilation and heating was complete, and created much surprise. To treat wounded and sick men, in mid-winter, in such buildings, when more permanent ones could be had, was a bold innovation, and its success a matter of doubt. Tents and barracks were erected at different points during the campaign, but were abandoned in cold weather. Statistics showed that more recoveries and better results followed all cases treated in tents and barracks, and also that they furnished most of the exact conditions for returning health. Gangrene, pyæmia. and many other complications were practically unknown here.

The Prussians went into the campaign with no tents of any kind, but trusted to improvised hospitals on the line of march. Later, they erected large barrack hospitals at Berlin, but these were wanting in details, and their management was clumsy and formal, with no positive results.

The American ambulance taught Europe that exposure to the open air was less dangerous

*We are indebted to these works for many of the facts mentioned.

than bad ventilation, and that armies could carry along their tent hospitals, and treat the wounded and sick with greater success than by any other means. The Prussian army has been supplied with hospital tents, and the French have lately concluded a similar contract. Drawings and models of board barracks are discussed and studied by engineers, and when the next great continental army takes the field, it will be equipped with tents after the model of the ambulance and the teachings of our medical service.

Next to shelter, the ambulance indicated that nourishment was of the first importance. Wounded of all degrees were given hot soups, wines, coffees, at first, before the formal dressings were begun. In the ambulance only the most urgent wounds were dressed at first. Nourishment and rest were considered of prime importance, before the dressing, or even operations, were performed. A surgeon visiting the ambulance was surprised to find a man with a shattered leg, done up rudely, sleeping sound, before the operation. He had been given nourishment and encouraged to sleep for an hour or two. This was radically different from all European experience. The wounded were hurried back as far as possible from the battle-field, and given nourishment when the dressings were complete, and their destination reached. The French provided wines and stimulants, but gave them with no regular system. Severe cases, when operations were performed on the field, were treated with stimulants, but nourishment was generally given only at the stationary hospital. The famous coffee wagon used during our late war, in the army of the Potomac, was taken to Paris and used by our ambulance, along the lines, at the siege. Shortly before the close of hostilities, a shell exploded, tearing it to pieces. This wagon was purely a Yankee invention, and was a pioneer of wonderful influence, consisting of boilers for making and keeping coffee hot, mounted on four wheels, and driven round on the field, supplying all, both wounded and well, with fresh coffee. Dr. Evans had this wagon restored, and it is now on exhibition at Paris, as one of the trophies of the war. Dr. Swinburn urged that tents, for coffee and soups, should be put up on the battle-field, and all the wounded supplied, as well as the worn-out soldier. Also that these tents should follow the army. The diet of the ambulance was liberal and varied, and informal as to time and circumstances. The late regulations adopted by the French army provide for a traveling kitchen, to go along and furnish soups for the men in the field, and in the rear of engagements. The English have also adopted similar methods, having the same end in view. In the transportation of the wounded, the ambulance had many improvements new to Europe. The wagons used were of the Concord model, so familiar to Americans, but for lightness, ease of draught, and comfort to the wounded, were immeasurably ahead of European models. Both the French and Prussian service have adopted this pattern, and a large number have lately been completed at Berlin, under the care of an American speculator.

The stretchers used were of all shapes and patterns. The American model, with Dr. Swinburn's attachment of iron spurs and rings, by which extension and counter-extension could be made, was used. For gun-shot injuries of the extremities, particularly fractures, this is unequaled. The patient can be placed on this stretcher, and moved with impunity, and without any disturbance of the injured bone. Fractures of the femur can be successfully treated on this, under very unfavorable circumstances. This stretcher, consisting of a light wooden frame, covered with canvas, and iron spurs from each end, has attracted much attention, and received many warm praises, particularly with Dr. Swinburn's attachment. Both French and Prussian governments have put them among their army appliances, and the English army in India are using them.

Conservative surgery has been regarded as an American idealism in Europe. The American ambulance showed that amputation, in gun-shot wounds of the extremities, was only exceptionally necessary. Injuries to the femur had always been amputated, but the contrary was indicated, in several cases treated at the ambulance without operation. The use of conservative means, to allow the limb rest, and nature to indicate how far restoration would go on, was the practice adopted. Cold water dressings were used freely; carbolic and nitric acids, and oakum as a styptic dressing, drainage tubes, etc. Some of these were new, others familiar. The simpler dressings were always in use at the ambulance, and more popular. The treatment of amputations with moist and hot cloths, covered with oiled silk, excited some comment.

After excision or operations on the extremities, it was customary to take large linen cloths, soaked in hot water, applied neatly, and covered with oiled silk. This was very grateful, and caused an even warmth, stimulating to the wound. This is now used in French hospitals, and generally over the continent. Dr. Swinburn was enthusiastic to test all our American methods, and show Europe their practical value, and particularly our conservative surgery. The attendants and stretcher bearers were instructed to bring to the American ambulance, as far as possible, the worst cases that could be found. The circumstances under which they were treated were adverse, during the latter part of the siege. The depressions from reverses on the field, and insufficient fuel, and poor diet, increased the mortality greatly. The wounded had frequently been exposed on the field for weeks, to wet and cold, without protection, and with poor diet, changing suddenly from place to place, to meet the enemy; being made up largely of volunteers, who had only a few months' experience, they were illy fitted to survive the shock of wounds or the drain of an operation. The mortality was greater at the close of the war than before, owing to these circumstances.

The Prussians suffered less, although their greatest mortality prevailed from the frequent removals of the wounded back, as it was termed, "cleaning out the battle-field." In the practical management of hospitals, France and Prussia has learned much from the American ambulance, particularly in the simplicity and readiness of improvising for the occasion. The Prussian method was excellent in its exactness and regularity, but formal and impractical. As an illustration, about forty wounded sent to a hospital near Berlin, unannounced officially, from neglect, remained in wagons without the building for eight hours, through a cold rain storm, until the proper papers of admission were made out.

The French were less formal and more sympathetic, but lacked regular systems or methods. Nearly every hospital in Paris, and the many thousand families who treated the wounded at their homes, acted on their own theories of the demands of the occasion. In the American ambulance, from the surgeon in charge down, a species of independent capacity for any emergency prevailed. No work was left undone by neglect from those responsible Nearly everything, except surgical operations and important dressings, was performed at the time, by some one. A kind of informal care was laid down, giving every one a certain responsibility, which might any time assume great proportions, making it necessary that they should think and act independently. This was new to Europe, where attendants never acted in a higher capacity under any circumstances.

In this and in many other respects, this ambulance, with its free and informal plans of management, early attracted attention from leading authorities. First the secular press examined and wrote enthusiastically about its simplicity and success. Then the leading medical professors came, such as Nélaton, Ricord, Jules Guerin, Demarquay, and others, as regular visitors, from week to week, noting its progress.

Dr. Gordon, English Inspector General of Hospitals, has given much space, in his "Lessons on Hygiene" (London, 1873), to the unique and excellent methods pursued by this ambulance, acknowledging, with great candor, its influence in solving many of the problems of military hygiene and surgery.

M. Sarcey, a distinguished author,* made an extended comparison between the American ambulance and the hospitals about Paris, showing that it was, in practice, a half century ahead.

The editor of *Gazette Medical de Paris*, in a long article, comparing the results of the various ambulances about Paris, pronounces the American ambulance superior to all, in arrangement, ventilation, and uniform temperature; also in other details of material management, and particularly in its hygienic methods and conservative surgery. Closing his article as follows:—

"A revolution in our hospitals is necessary and imminent, and has already begun. * * * Let us hope that this revolution will be complete; that in a few years' time not a stone of our present hospitals will be left standing, unless, indeed, those buildings be devoted to some other purpose."

The *Union Medical* concluded a long editorial in the following strain:—

"It was desirable that the experiment should be made on a large scale, as to the value of temporary structures for the sick and wounded,

* Who wrote the history of the Siege of Paris.

compared with convents, old buildings, and ordinary hospitals. It was necessary to abandon the old routine and test the new system, which had already been tried in the United States during the four years' civil war, and whose advantages have been recognized by all the surgeons in the country. Let us hope this new experiment will not be fruitless, and that it may confirm the results already obtained."

In an article before the Faculty of Medicine, at Paris, by M. Monsnereau, on the merits of the principal military hospitals about Paris during the siege, the following statement occurs:—"I feel justified in affirming that the American ambulance is the best of all the ambulances established at Paris. This superiority has been admitted by our most eminent surgeons."

Many other high compliments, from distinguished authorities, were given through both the medical and secular press. Accurate drawings and copies were made of the ambulance and its appliances.

Dr. John Swinburn received the medal of the Cross of the Legion of Honor, a very high compliment, rarely given to a foreigner. No man more richly deserved it, for the work of organizing an American hospital in a strange country, depending upon voluntary contributions, and personally managing all its details, with prejudices to overcome, and assistants to educate, with no pay or reward, was a task of hereulean proportions, which only an American would undertake.

This ambulance, organized and conducted under such adverse circumstances (although presenting nothing new, in any respect, to American surgeons who did service in the war), has done more to advance military hygiene and conservative surgery in Europe than the teachings and experience of a century. The lessons of our civil war were ignored, and only when their great truths were illustrated at Paris, in a single imperfect hospital, did the savans of Europe realize that America was in advance. The medical departments of European armies are in a condition of change, and when the next war storm bursts, we shall see an imitation of the American ambulance in many of its workings; and from many a battle-field and hospital shall come tides of grateful emotion for the grand contributions of America to military hygiene and conservative surgery.

## A CASE OF PHLEGMASIA DOLENS, TERMINATING IN GANGRENE OF THE FOOT—AMPUTATION, CURE, RECOVERY.

BY E. A. OVERHISER, M.D.,
Of Campbell, N. Y.

The following case presents some points of interest, and in its termination is one of unusual occurrence.

Mrs. A., a large, fleshy lady, 34 years of age, was confined with her eighth child the 12th day of April last; labor said to have been of short duration, but quite severe. She did not have medical attendance; the placenta was expelled in due time, entirely.

On the 20th of April I was called to see her; found her with fever, pulse 120, temperature 99·5, severe rigors, headache, and severe pain in the left limb, which was swollen, and tender, especially along the course of the femoral vessels. The uterus exhibited some tenderness, but there was no fetid discharge; in fact, there was but little discharge at all; pressure on the iliac veins produced exquisite pain; bowels were constipated, and urine scanty and high-colored.

I ordered a cathartic, and the following to be given:—

℞. Aconite, tinct., ℥ss
Potash, nitrate, ℥ij
Hyoscyamus, fl. ext., ℥j
Syrupi simplex, q. s., fiat, ℥iv. M.
Sig. Teaspoonful every two hours.

Dover's powders, 5 grains, every four hours, after the bowels were moved, to quiet pain. Locally, I prescribed lotions of lead and opium, and poppy fomentations applied warm.

April 22. Found her more comfortable; pain less severe; tenderness less, but swelling greater. Pulse 90; temperature 99°. Her bowels had been evacuated well, and she had perspired freely and slept during the night. She remained much in this condition until the 27th, when she began to show signs of rapid improvement. Pulse became nearly normal, appetite returned, swelling of limb began to disappear, and a rapid convalescence was anticipated.

On the 3d of May, through imprudence of the nurse, and contrary to orders, she was allowed to get up and go to the table for dinner; ate heartily, one article of diet being three fried eggs. The 4th I was sent for. She had passed

a fearful night; excruciating pain in the limb, which had become enormously swollen; tenderness great along the limb and within the pelvis. Pulse now 120, appetite gone, and truly an alarming case.

She was put upon tonics, quinia and iron. Opiates were given largely, but without much relief. The pain severe, giving no rest by day or night; fomentations of belladonna, hops, etc., were used. The swelling, by the 10th of May, had become truly frightful. The labia pudenda hung down like immense bladders. These were punctured, as also was the limb, and the draining of serum from these was in large quantity.

She continued in about this state until the 20th, when I first saw evidence of gangrene on the inner side of the heel. This rapidly spread until the 22d, when it had involved the entire foot. I at once called Dr. Phinney, of Painted Post, N. Y., in consultation. We agreed that amputation was her only chance, and this was small.

She was now much exhausted. Pulse 130 and feeble; still no symptoms of approaching dissolution. She was given largely of quinia, brandy, etc. We thought it advisable to wait until a line of demarcation was fully formed. This line was quite well pronounced on the 23d, extending on about a level with the malleolus on the inner side, and just below on the outer side of the foot.

The 24th, Dr. May, of Corning, was called with us, and it was decided to amputate. She was put under the influence of chloroform, took it kindly, and with but little effect on the pulse.

It was thought proper to amputate at the lower third. Owing to the swelling the femoral artery could not be felt, and it was decided to tie as fast as the arteries were separated. An anterior flap was made, and when the knife was introduced, in forming the post flap, and carried down, a large amount of pus and broken-down material followed, instead of blood, as expected. In fact, the whole calf was one large abscess, from which poured, I should think, a quart of pus, etc. The large arteries were perfectly closed; there was no hemorrhage except from some small arteries; these were secured. The abscess was well cleansed, and the flaps were left open for a time, to favor the discharge.

She came from under the anæsthetic well, was largely stimulated, and began to improve almost immediately. On the third day the flaps were put up, except opportunity for drainage of the abscess, which continued to discharge for several days. When the flaps were entirely closed, adhesion took place rapidly. The patient improved in strength and flesh, the swelling disappeared rapidly, and on the 18th day of July she was discharged with a good stump, and health completely restored.

There has been a great deal of comment and criticism in regard to this case. The most serious was that we should have amputated further up, so as to have gone above the abscess. But we should have had to amputate at the knee to go above it, or even above the knee, and all tables of mortality after amputations show a larger per cent. the nearer the body the amputation is performed. Also, it was said that we needed a better circulation, and should have amputated higher to reach this. And again, that we did wrong in leaving the flaps down so long. But the sequel shows that we could not be far from right.

## Hospital Reports.

### HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

ABSTRACT OF A CLINICAL LECTURE DELIVERED BY LOUIS A. DUHRING, M. D., CLINICAL PROFESSOR OF DERMATOLOGY.

REPORTED BY DR. ARTHUR VAN HARLINGEN, CHIEF OF THE SKIN CLINIC.

#### Rosacea.

The patient, an Englishman, sixty years of age, and a shoemaker by occupation, is a fine hearty-looking man, apparently in perfect health, in spite of his sedentary occupation. He states that he has never suffered from sickness of any kind, with the exception of slight dyspepsia, indicated by sourness of the stomach with occasional eructation. He is perfectly temperate in his habits. The affection for which he seeks relief began ten years ago, when it showed itself at first as a circumscribed redness covering the alæ nasi on either side, which extended subsequently, in a very gradual manner, until the whole of the nose and some portion of the cheeks adjoining became involved. The progress of this general and diffuse redness was accompanied by outbreaks of papular acne, coming out in successive crops of a few papules at a time. Of late the disease has invaded the forehead, assuming here both the form of a diffuse redness of the skin and of papular acne. The patient states that he suffers frequently from cold hands and feet.

The patient's present condition is as follows: He is apparently in perfect health, with the exception of his skin trouble. This is confined

to the face, and appears as a light wine-colored tint of the skin (perhaps dusky red would better describe the shade), involving the whole of the nose, and extending, somewhat less intensely colored, over the cheeks on either side, covering an area of two or three square inches, and fading gradually out toward the borders.

The coloration ceases somewhat abruptly toward the root of the nose, and neither is the forehead affected, nor is any other portion of the skin excepting those mentioned. Slight pressure with the finger causes this coloration to disappear for a moment, and when the pressure is removed the color slowly returns. Over the upper portion of the nose a few very small capillaries may be observed in the skin, and the orifices of some sebaceous glands are enlarged and patulous. With the exception of a very few comedones, no eruption whatever breaks the smoothness of the surface, which is somewhat glistening. The whole organ appears slightly enlarged. There is absolutely no uncomfortable sensation; neither burning nor itching.

The affection before the class, Dr. Duhring remarked, is a common one, and is usually known both as rosacea and (improperly) as acne-rosacea. The subject has not been made as clear as it should be in the text books, and much confusion exists in the minds of many persons in regard to the matter. The fact to be remembered is, that there are two distinct diseases, acne, a disease of the sebaceous glands, and rosacea, a disease of the blood vessels. Commonly these two affections occur simultaneously, when we have acne-rosacea. They may, however, occur alone, as in the present case. An instance of acne-rosacea will be remembered as having been before the class a few weeks ago, and on several occasions previously, during the winter. That patient had had, in the first place, rosacea of some years' standing, and had recently suffered, in addition, from superadded acne.

Rosacea is a disease of the skin, characterized at first by diffuse hyperæmia, and subsequently by enlargement and increase in the number of the superficial cutaneous capillaries, forming in reality a new growth. Exposure to cold, or drinking alcoholic liquors, causes a nose affected with this disease to become darker in color, deep red, almost purplish. One would naturally expect to find a nose so red as this hotter than the surrounding tissues; such, however, is not the case; on the contrary, it is abnormally cold; so much so that you may distinguish it by the touch. The patient himself recognizes this condition, which is dependent upon stasis in the blood-vessels—an impeded, sluggish circulation. When this condition of hyperæmia goes on to permanent enlargement and multiplication of the blood-vessels, the latter may occur to an enormous extent, the nose becoming hypertrophied, and in such cases we have the deformity known among the Germans as *Pfund-nase*—pound-nose.

Rosacea is not necessarily the result of customs of intemperance; it may be, and often is, found in persons of the most abstemious habits, and is frequently observed, to a slight extent, in females, between the ages of eighteen and thirty. Alcohol, to be sure, is one cause, but there are others, some of which are not very well understood. Rosacea is frequently found in chlorotic and anæmic persons, and those who are subject to cold hands and feet.

As to the pathology of the affection, there are three stages. The first is a condition of stasis, more or less marked, and of some considerable duration. The second stage is characterized by enlargement of the blood-vessels, not very marked at first, but gradually becoming more and more so. The third stage shows marked enlargement of the vessels, which may be observed under the skin, together with hyperplasia of the connective tissue.

A common locality for rosacea to show itself is upon the nose and cheeks adjoining, but it is occasionally found upon the forehead, rarely upon the chin, and never upon any other part of the body; it is, in fact, emphatically, a disease of the nose.

In regard to the treatment of rosacea, this must vary according to the condition, that is, according to the presence or absence of acne with the rosacea. In the present case, the redness of the nose is dependent upon venous stasis; what is needed, is a stimulant of some kind. The galvanic current, or stimulating washes and ointments are indicated. Prominent among stimulants is sulphur, applied in a lotion, or in the form of ointment.

Sulphur is a remedy which has fallen into undeserved disrepute among many dermatologists. This may possibly be on account of the fact that for a long time this remedy was used indiscriminately for every skin affection. Even now, in France, it is used for all manner of disease, in the form of sulphur baths.

In the present instance, the employment of a mild sulphur ointment, one drachm of sulphur to the ounce of lard, has been enjoined. Under the use of this application the patient is doing very well, and will probably be very greatly relieved by the end of a month or six weeks. Dr. Duhring remarked, further, that he knew of no other remedy which would accomplish a like result in the same time. Cases of this kind go about the streets unrelieved, because many practitioners believe and say that nothing can be done for them.

As to other remedial measures, if the functions are disordered, these, of course, must be attended to; tonics, aperients, and the like, may in some cases be necessary. When the cutaneous capillaries are greatly enlarged, minute incisions may be made into them. This is not necessary in the present case. The prognosis is favorable. Three months ought to show a great change for the better in our patient's appearance.

[The patient continues to report from time to to time, and is growing steadily better.—Rep.]

# Editorial Department.

## Periscope.

### Incontinence of Urine.

Dr. F. N. Otis, of New York, writes to the *Lancet*:—

One of your correspondents asks for information as to the treatment of incontinence of urine, and half a dozen responses are made. A little more careful perusal of the department of *The Lancet* devoted to "Notes, Short Comments, and Answers to Correspondents," would have caused some consideration of the note on "Ritual Circumcision," in the issue of Jan. 9th, where Dr. A. Mayer says, "It is also a known fact that circumcision cures enuresis nocturna, when caused by a prepuce with a narrow opening." The fact that of the six respondents, two recommend belladonna, and the other four as many different modes of managing the difficulty, would show that the *cause* had not been looked after. My own experience, which has been extensive, has convinced me that enuresis in youth and in adult life is frequently due to a contraction either of the preputial orifice or of the meatus urinarius, and that sedatives and narcotics may palliate, but do not cure. Circumcision, or division of the preputial orifice, when the prepuce alone is at fault, will give prompt and permanent relief; when this does *not* give relief, the meatus urinarius will often be found constricted, and a relief of this constriction will give the desired result. Let me cite a case or two.

G. H——, a lad of ten, had been troubled with nocturnal incontinence two or three times in the night, and also often during the day, for two years. Belladonna, in quarter-grain doses, relieved him temporarily, but on cessation of the drug would return. He was found to have redundant prepuce with contracted orifice. I circumcised him in October, 1874, found some adherence of prepuce to glans, and also a very small meatus urinarius. This I enlarged to 22 Fr. From date of operation he was completely relieved for four weeks, when the difficulty reappeared. I then made another examination, and found the meatus recontracted to 16 Fr. I then redivided it to 24 Fr. Since then he has had not the slightest trouble, and, furthermore, has been in better health than for several years.

I have just received a letter from Dr. C. H. Mastin, of Mobile, La., which I desire to add to this statement, and let your correspondents judge of its value. Dr. M. is one of the leading surgeons of the Southwest: "Following I furnish you the brief notes of a case which I fancy will interest you, as it bears so strongly on your theory of reflex irritation, which I, for one, believe is ere long destined to become a fixed surgical truth. On the 29th of last month (November, 1874), I was requested to see a little boy, eighteen months old, the son of a gentleman of this city. The child was very delicate, pale, fretful, no appetite, languid, complained of pain whenever he passed his water. He was wakeful at night, and in the nightly habit of wetting his bed during sleep. From the description given me I was led to believe that the child had stone. Upon examination, however, I failed to discover stone, but found that the child had an elongated prepuce, the orifice of which was very small, congenitally contracted, so small, indeed, that there was difficulty in passing an ordinary silver probe. I was satisfied that the case was one of reflex irritation from narrowing of the preputial orifice. The physician with whom I saw the case, in consultation, laughed at this diagnosis; but, inasmuch as there was an evident obstruction to urination, consented to a free division of the preputial orifice. The results of this simple operation proved the correctness of your views and of my diagnosis established thereon. The very next day my little patient was decidedly improved, ate well, slept quietly, had no incontinence of urine, and up to to-day (one month from the date of operation) he has remained perfectly well in this respect, and his father says he has gained eight to ten pounds of flesh, and is in better health than ever before."

### Laws of Heredity.

The following remarks on heredity are from the late work of Dr. Ribot, to which we have frequently alluded:—

"Heredity influences the internal conformation no less than the external structure. Nothing is more undisputed than the heredity of form, size, and anomalies of the osseous system, and every-day experience proves the heredity of all the proportions of the cranium, thorax, pelvis, vertebral column, and the smallest bones of the skeleton Even the heredity of excess or defect in the number of the vertebræ and the teeth has been ascertained. The circulatory, digestive, and muscular systems obey the same laws which govern the transmission of the other internal systems of the organism. There are some families in which the heart, and size of the principal blood-vessels, are naturally very large, others in which they are comparatively small, and others again which present identical faults of conformation. Lastly, heredity regulates the proportions of the nervous system. It is evident in the general dimensions of the brain, the principal organ of that system; it is often apparent in the size, and even in the form of the cerebral convolutions. This fact was observed by Gall, who thereby accounted for the transmission of men-

tal faculties. * * * The blood is more abundant in some families than in others, and this superabundance transmits, or may transmit, to the members of such families, a predisposition to apoplexy, hemorrhage, and inflammation. Thus there exists in some families such a liability to hemorrhage that even the prick of a pin may cause in them a flow of blood that cannot be checked. * * * Heredity governs the subordinate no less than the dominant characteristics: thus, fecundity, length of life, and those purely personal characteristics which physicians call idiosyncrasies, are hereditarily transmitted. * * * There are also, on the other hand, many families in which the hair turns gray in early youth, and in which the vigor of the physical and intellectual faculties fails prematurely; in others, early death is of such a common occurrence that only a few individuals can escape it, by great precaution."

The above observations are becoming more fully recognized and acted upon, especially by insurance companies. As a commentary, then, on the author's remarks, we may remark that not only are normal peculiarities transmitted from father to son, but also diseases run in families, or at least tendency to them, for instance, phthisis. Moreover, an external likeness, make of body, even walk, manner of speech, etc., may be well supposed to be associated with an equal similarity of constitution. The conformation of body is dependent partly on inheritance, but is, however, largely affected by external conditions. As a rule, all men might be divided into two classes, classified according to their family history, viz., (1) short-lived robustness, and (2) comparatively frail longevity. Inherited disease usually appears at about the same age in the inheritor as it did in the person from whom it was inherited; but the general rule is that inherited fatal diseases have their issue at about the same age in a subject as that at which a near ancestor died.

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### Over-work or Over-play.

The eminent Dr. Samuel Wilks, of Guy's Hospital, London, has not much sympathy with the theory of over-work, of "wear and tear," so popular to day. He says, in an article in the *Lancet*:—

It might be thought that medical men, who see only the ailing minority, can be no better judges than others of the working powers of the community at large. But, on the other hand, it must be remembered that the doctor is a kind of confessor: his breast becomes the repository of the secrets of those who would in no other way divulge them. Every medical man must be aware how very large a number of patients declare that they suffer from overwork, no matter in what sphere of life they may be placed. If the husband is too modest to declare the fact himself, his wife who accompanies him passionately speaks for him. If the lady comes for advice, her daughters declare how family matters so entirely engross her attention, that their mother's energies are overwrought; that if she would only consider herself as much as other people all would be well. If the daughter is the patient, the mother requests the doctor to insist upon the curtailment of some of her arduous duties, such as the cottage visiting or Sunday-school teaching. The daughter sits, a model of self-abnegation, and softly denies the impeachment. This is the daily burden of the song of a host of people; and it being no doubt the experience of other medical men as well as myself, it might be as well to ask what it all means? What amount of sympathy they receive generally at the hands of the profession, and to what extent the prescription "you must not work so hard" is given, are, of course, impossible to know.

The question as to what amount of work can be performed by each patient must come daily before the medical man, and he is forced to answer it. The question is generally put by those who have already made the assumption that they are overworked, and therefore are willing to receive but one answer. Apart, however, from prescribing in accordance with the wishes of our patients, the subject is important, and one fruitful of discussion. The amount of work which each man or woman is capable of performing is dependent on their temperament and especial powers, and can only be gauged by their individual capacities. There are some young men whose brains are so weak that they cannot bear the pressure which is put upon them by a little sustained thought. Every year I see one or two medical students obliged to leave their chosen profession and devote themselves to an out-of-door active life. They are quite unable to apply themselves to studies which require any concentration of mind, and at last they throw them up. I have seen the same in those who have intended to follow the law, and more than one banker's clerk who could not bear the drudgery of the ledger. Whilst writing these lines I have heard a young man, a Government clerk, speak of overwork, although his office hours are only from nine o'clock until three. To discover the amount of brainwork proportionate to each individual lad is a difficult task; but the cases I have mentioned show that there are persons who cannot sustain any mental tension. At the same time there are those in business, and the more the pity, who would have adorned any of the professions. I have known more than one mind made in a rare scientific mould entirely wasted. Apart, however, from these individual cases, which must be judged on their own merits, I am anxious to know whether medical men generally accept what seems to be a very popular opinion of the day, and which has been thought to be expressed in Mr. Greg's lecture, that society at large is really suffering from an amount of work, physical and mental, which is injurious to the individual, and therefore to the human race. That an opinion of this kind

largely prevails I gather from conversation, and from the public prints; but lately I saw quotations from the sermon of a well-known preacher, in which he declared that our asylums were filled with mad people, owing to the overwrought state of the nervous system in the present hard-working age. Now, if the question be put thus broadly—Are people suffering from overwork? I, for one, should have no hesitation in saying, No; but, on the contrary, if both sexes be taken, I should say the opposite is nearer the truth, and that more persons are suffering from idleness than from excessive work. Medically speaking, I see half a dozen persons suffering from want of occupation to one who is crippled by his labors. I have, therefore, very little sympathy with the prevalent notion that nervous and other diseases are due to overwork; and, as regards the statement of the preacher above mentioned, I apprehend he never thought of testing the truth of it by a visit to the public asylums, for he might then have been impressed with the sight of the numbers of the lower classes and the altogether unlettered persons confined therein.

### Acute Pemphigus.

At a meeting of the Clinical Society of London, Dr. Southey read notes of a case of Acute Pemphigus. The patient was a somewhat hysterical general servant, nineteen years of age, who had been exposed to some privations before her admission into St. Bartholomew's Hospital on November 19th, 1874. Previously her health had been good. Less than one month before a small bleb formed on the side of the right hand. Three days before admission she was feverish, complained of sore-throat and general pains, and an eruption of small rounded red spots, of variable size, appeared all over the body. When admitted many of these were distinct bullæ, the temperature was 102°, and the eruption was thought to be syphilitic by the house-physician, who ordered iodide of potassium. The next day, after she had had a warm bath, the bullar eruption became more copious. The bullæ were of all sizes, and each surrounded by a halo of redness; several occurred on the cheeks, angles of mouth, lips, and chin, on the dorsal and palmar surfaces of the hands and between the fingers, on the arms and legs, chiefly at the flexures of the joints, also largely on the back of the trunk, abdomen, and thighs. Some of the blebs measured as much as one inch across; their contents were clear or opaque, alkaline, and albuminous. The tongue was aphthous, throat sore, deglutition painful. There was no collateral evidence of syphilis, which was set aside as a probable cause. The pulse was 117, and temperature 101·7°; bowels were relaxed; urine, of specific gravity 1038, contained a large excess of earthy phosphates. Salines were given, and fluid nutriment. The whole surface of the body was swathed in cotton-wool soaked in carbolized oil, one or two of the blebs being injected with nitrate of silver. Sleep was procured by morphia. The patient complained much of cold. Fresh bullæ appeared daily, becoming converted, in the points of pressure, into superficial sanious sores. At length, when she was in a very prostrate condition, she was lifted into a warm bath (at 100°) and kept in it for twelve hours. This was attended with the greatest benefit; she slept in the bath, took more food, and gained strength. The bath was repeated on the three following days with marked benefit, when a relapse occurred on December 3d, with great prostration and delirium. The urine at this time was high-colored, of specific gravity 1045, and, treated with nitric acid, became of a black color, with evolution of nitric oxide and oxygen, due to the presence of indican, or some allied pigment. The quantity of indican varied with the degree of prostration. The carbolic dressing was changed for carron oil, in the belief that the nervous prostration might be due to the former. She thence rapidly improved, the quantity of coloring matter in the urine subsiding, and in a few weeks she left the hospital, bearing numerous scars on the body. There has been no relapse.

### Second Attacks of Measles.

A writer, Dr. E. S. Symes, in the *British Medical Journal*, discusses the question, "What degree of probability exists of an individual taking measles a second time?" It is difficult to see how we are to estimate the degree of probability where so much depends, first, upon individual susceptibility, and, secondly, upon adventitious circumstances. It is generally admitted that while, on the one hand, but few are insusceptible to measles, so, on the other, it rarely occurs a second time: yet in a tolerably extensive practice we all of us occasionally meet with such cases, and I beg to offer the following for what they are worth.

Only a few weeks ago I was called upon, in the Isle of Wight, to see Miss M., a native of Jamaica. Her flushed face, reddened eyes, and general catarrhal symptoms, with the eruption of small, though as yet detached, spots covering the face, and already extending to the chest, at once indicated the nature of the affection: but my suggestion was met by the assurance that she had already had measles very badly since leaving Jamaica, that is, since she had arrived at puberty; moreover, that she had not recently been exposed in any way to the contagion of this, nor, indeed, of any contagious disorder. By the following morning, however, the rash had extended all over the body and limbs, while the crescentic patches were very distinct on the chest. There could no longer be the slightest doubt that she had measles for the second time; indeed, she herself recognized it as just what she had had before; and, in short, the disease ran its ordinary course, requiring but little treatment, but quite as severe as is usual in adults.

On closer inquiry, I learned that in traveling to her destination, just five days previously,

there had been in the same railway compartment a lady and her little boy, the latter of whom was just recovering from "an illness." The mother was very careful to prevent his taking cold, so the carriage windows were kept close shut. The child, who was restless and weak, insisted upon standing at Miss M.'s window, leaning on her for support, so that she had the full benefit of close contact and bottled-up emanations. And if, as we may, I think, safely assume, the child was just recovering from measles, it is only another instance of the reckless want of consideration for others with which contagious convalescents are taken about in public conveyances

It is worthy of note, that Miss M.'s married sister, who was in the same carriage, and who afterwards nursed Miss M. in her illness, just as she had formerly nursed her own two children in measles, even sleeping in the same room with them, never contracted the disease. Here, then, in two sisters, we have one presenting a remarkable predisposition, and the other an equally remarkable indisposition to it.

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### Seminal Concretions.

In the *Gazette des Hôpitaux*, for September, there is an interesting case recorded by M. Reliquet, of concretions in the vesiculæ seminalis, which caused extreme pain and obstruction to the seminal flow. Professor Robin, who examined the bodies, describes them as being "opalescent and transparent, with a diameter of two millimetres. Under the microscope their substance is marked with very fine and very short parallel striæ, and very close together." Acetic acid made the striæ disappear, and rendered the bodies quite translucent and apparently homogeneous.

The presence of these bodies was discovered by examination with the finger in the rectum, and a catheter in the urethra. The patient had suffered for two months. The examination and passage of the catheter caused great pain, and thereafter the concretions were passed, the vesiculæ having been apparently stimulated to powerful contraction by the presence of the instrument in the urethra. M. Reliquet says that he has searched in vain for an exactly analogous case; the bodies passed, in the instance he records, being larger and harder than those described by others.

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### Facts about Uterine Involution.

In the Edinburgh *Medical Journal*, Dr. A. Serdukoff lays down the following maxims about uterine involution:—

1. Involution of the uterus goes on more rapidly during the first few days of the puerperal period than it subsequently does.
2. Involution of the uterus of healthy women goes on well and with regularity.
3. Involution, where the uterus is the subject of disease, such as metritis, endometritis, or parametritis, goes on more slowly, and this varies with the amount of disease.
4. The permanent contraction which takes place during the first few hours after delivery is a common occurrence. When it passes off an increase in size begins to take place.
5. In women delivered at the full time, involution goes on more quickly and regularly than in those prematurely confined.
6. Length of labor retards involution.
7. In primiparæ involution of the uterus goes on very regularly, but more slowly than in young multiparæ. In aged multiparæ involution does not go on so well.
8. In women who suckle their children, involution during the first four days does not go on so quickly as in those who do not nurse. But, subsequently, the involution is quicker, though less regular.
9. After-pains are not necessary for a favorable involution; in fact, we are as well without them.
10. In order to determine the involution of the uterus, you should only measure its breadth.
11. Involution of the uterus goes on proportionally in length as well as breadth.
12. Super-involution and sub-involution occur as distinct uncomplicated pathological conditions.

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### Syphilis from Vaccination.

Mr. Henry Lee, Professor of Surgery in the Royal College of Surgeons, says, in a recent lecture:—That the blood, if not the direct means of conveying the syphilitic disease, may be the means of imparting a wonderful morbid energy to some other fluids in the human body, may be further illustrated by the now large number of cases in which syphilis has been communicated, when diseased blood, or some of its constituents, has accidentally been inoculated together with the vaccine lymph. The lecturer here gave an account of the series of cases which occurred in the practice of Dr. Marone, of Lupara, in 1856. The vaccine lymph was sent in glass tubes, and was observed to be mixed with a little blood. Twenty-three children were affected; they came of parents who had not previously shown symptoms of syphilis, and their general health had been good. In consequence of the infection of the children, the disease showed itself subsequently among the nurses and mothers of the children, and among the husbands of some of the women, and other persons. In some of the patients seen by Dr. Marone, the syphilitic symptoms continued in children, nurses, and mothers, until April 1859.

Previously to the outbreak of this terrible malady, Dr. Marone states that he had had no experience of syphilis among these villagers. "It is my duty, in the cause of truth," he further adds, "to state fully, that these inhabitants of Lupara were in no wise blind to the connection between cause and effect on the occasion of this painful occurrence; so that, in

fact, I was pointed out as a guilty party in the catastrophe which had occurred; and this is the reason why I was silent at the time, not only on my own account, but also for fear of discrediting one of the most important discoveries of our science. Vaccination was declared to be the foundation of all this misery. Now that I have seen that other surgeons have met with a like series of facts, whatever may happen to myself, I have disregarded personal considerations, and am no longer able to refrain from publishing the above-mentioned details, conceiving it to be a duty that I owe to science." Dr. Marone draws the following brief conclusions from his most interesting and affecting narrative. 1. The syphilitic disease was really transmitted in the above-recorded cases by means of vaccination; 2. The children vaccinated suffered first, and became the means of transmitting the disease to others; 3. The lymph used for the purpose of vaccination was impure, being mixed with blood, and that the result shows how necessary it is to abstain from using lymph of that description.

Mr. Lee had not himself seen any case of vaccino-syphilis during the progress of inoculation; but a case fell under his care in 1859, in which a child who had been vaccinated at the age of seven months was brought to hospital a year and a half afterwards with numerous dark copper-colored patches over his body, and especially on his lower extremities. He also had chronic enlargement of a gland in the axilla. The child was treated by mercury, and recovered.

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### Anæsthesia Produced by Esmarch's Bandage.

Chauvel (*Centralblatt für Chirurgie*, No. 16, 1875) has made fifteen experiments, twelve on the liver, three on the upper extremities, putting on the bandage after having first ascertained the normal sensibility in each case Diminution of sensibility was observed in each individual, not appearing immediately, but in five to twenty minutes. Insensibility appeared more quickly in the upper than in the lower extremities, its intensity depending on the tightness of the application: it first appeared in the peripheral portion of the trunk, and gradually spread to the upper regions. Insensibility to painful impressions was first noticed, but whether this extended beneath the surface was not ascertained.

In two operations for ingrowing toe-nail with the use of elastic compression very little complaint was made by the patient. In a case of ischiatic trouble the actual cautery was used after compression; anæsthesia, however, was incomplete. It is evident that elastic compression would fail in bringing about complete anæsthesia unless the ligature was placed so near the central portion of the limb as to cause other and inconvenient results. The conclusion is that. as an anæsthetic, compression cannot exclude chloroform or ether.

### Critique on the Esmarch Method.

Mr. Chiene, in the *Edinburgh Medical Journal*, observes that the thoroughness of action of the elastic bandage is the chief objection to its use; the smaller arteries being so completely emptied that natural arrest of hemorrhage by the formation of external clot during the operation cannot take place. As a consequence, when the compressing agent is removed, many vessels bleed which would have been otherwise closed; and before the surgeon has time to secure them by ligature, much blood is lost, and the operation is unnecessarily prolonged. The complete anæmia of the limb takes away that guide which oozing of blood gives to the situation of the smaller arteries, which cannot, therefore, be tied until the circulation is restored. And when it is restored every small artery bleeds freely, and leads to further loss of blood. Mr. Chiene considers the plan of simply raising the limb to be preferred, because it is not so complete; a gentle oozing as a guide to the smaller arteries is not prevented, and enough blood is left to allow external clot to form. In cases where there are putrefaction-products in the limb, the compression of the bandage is hurtful, and here, again, raising the limb is to be preferred. He objects to the elastic tubing, that it does not allow of being relaxed and tightened at the pleasure of the operator, a serious obstacle in private practice, where the number of assistants may be limited; and he would rather use Petit's tourniquet than the band of Esmarch.

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### Ergot as an Anti-galactagogue.

A Russian physician, Dr. J. Schtscherbinenkoff, has made the interesting observation (*Centralblatt für Chirurgie*, May 8, 1875) during an epidemic of secale cornutum in the district of Simbirski, that amongst the symptoms of ergot-poisoning is the diminution or complete arrest of the secretion of milk in lactating women. The same result was found to occur in cows that had been fed on meal which contained ergot, or that had been littered with carelessly threshed straw which still contained some affected ears. Schtscherbinenkoff conceived the idea of employing it as a remedy in cases of threatened abscess of the breast, and carried it out in many cases with great advantage. Two multiparæ who had suffered at each previous confinement from abscess of the breast, took some of the drug with the happiest result, as soon as swelling began to appear, accompanied by congestion of the gland with milk. He has also administered ergot and quinine, in doses of three grammes of each, twice or thrice a day, in cases of so-called milk fever, and has found the drug useful in cases of swelling of the breast accompanied by fever, in other than puerperal women, as well as in those where it is required to wean the child either at the normal or at an earlier period. He has exhibited as much as a drachm of ergot daily, for a week, without observing any unpleasant result.

THE

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D. G. BRINTON, M.D., EDITOR.

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## REASONING IN MEDICINE.

### III. Mathematical Reasoning.

As we said in closing our last article on this theme, we principally, in medical reasoning, deal with *probabilities*. It is, therefore, of the last importance to understand the laws which govern them. These laws are included in the general mathematical Theory of Probabilities.

The mathematical probability of an occurrence—in other words, the chance of its happening—is the proportion which the chances favorable to it bear to all possible chances. In tossing a penny the chance of its turning heads is as 1:2, because there are but two sides on which it can rest; but in throwing a die of six sides, the probability for any one side is as 1 to 6 (or $\frac{1}{6}$). Further, the concurrence of two independent coincidences is the product of their respective probabilities; for example, in tossing a penny and throwing a die simultaneously, the chance that the head of the former and the ace of the latter will concurrently be uppermost is $\frac{1}{2}\times\frac{1}{6}=\frac{1}{12}$, or as 12 against 1.

Our certainty in diagnosis depends on this principle. By the more concurrent symptoms we detect, our opinions approach certainty in geometrical progression. Suppose we are called to a case of intermittent; we note first fever, which, we will say, occurs in three-fourths of diseases; next we learn of a preceding chill, which may be common to one-sixth of diseases; and lastly, perspiration following fever, which may occur in, say, $\frac{1}{10}$ of the diseases not excludable from other circumstances. The probability that these concurrences are chance coincidences is $\frac{3}{4}\times\frac{1}{6}\times\frac{1}{10}=\frac{3}{240}$; in other words, the probabilities are as 80 to 1 that the diagnosis of intermittent is correct. This illustrates the rapid approach toward a certainty which a series of symptoms, none of which are pathognomonic, may insure; and the desirability, therefore, of noting with care each additional symptom. Of course, a negative symptom is to be given its due weight in the same manner. In a case where it is evenly doubtful whether chronic bronchitis or consumption is present, which would be expressed by $\frac{1}{2}$, hæmoptysis occurs, which, we will say, happens fifty times more frequently in the latter than in the former; the probability that it is the latter, and not the former, will be $\frac{1}{2}\times\frac{50}{1}=\frac{50}{2}$, or as 25 to 1.

From a study of these relations, the eminent mathematician, James Bernouilli, established the principle that when only two occurrences are possible, we can predict with absolute certainty, when dealing with large numbers, the occurrence of the one or the other. This profound and remarkable generalization imparts their whole value to statistics. It is easily illustrated. A city of half a million inhabitants has had an annual mortality, for some years, of 28 per 1000; the same conditions continuing, we can positively predict this will be its mortality the current year. Tables of expectation of life, etc., are dependent on the same laws.

The application of these numerical methods

to the diagnosis and treatment of disease was first urged, on a large scale, by Louis, of Paris, and found a determined opponent in Trousseau. But the criticisms of the latter apply properly to the abuses of the system, and not to the system itself. Its numerous other applications, outside of medicine, show this conclusively. It has even been made by the historian Buckle the key to unlock all the social difficulties of the day and the political obscurities of the past.

Its use can readily be proven. Suppose, in prescribing a given treatment, we have in a cholera epidemic 80 per cent. of recoveries, what likelihood is there that we can attribute the recoveries to our treatment rather than to the natural course of the disease? The average mortality of cholera, not treated, is, say, 40 per $100 = \frac{2}{5}$; under our treatment $\frac{1}{5}$. Hence, in five cases, of which four have recovered, the probabilities are as 2 to 1 that they have recovered in consequence of our remedies. This is very far from being a certainty, and is only a slight probability. To attain a result worth bruiting about to our fellow physicians, we should continue the observations until there is a very strong probability. Each additional five cases with like result, that is, four recoveries, diminishes the possible error in a proportion which has been definitely ascertained and formulated by the mathematician mentioned. If we represent this possible error by e, and the probability of correct observation in the cases hitherto observed by $\frac{p}{q}$, the formula would be

$$e = \pm\sqrt{\frac{8\,p\,(q-p)}{q\,3}}.$$

The possible error thus definitely limited may be either short or in excess. Tables, with the necessary calculations worked out, are given in Dr. Hirschberg's work. From them it appears that in order, for instance, to infer with high probability that the mortality of a disease is 20 per cent., about 10,000 cases should have been reported with this result.

How essential such clear methods of reasoning are, is very evident to the mathematical mind; and their almost total neglect, indeed, the general ignorance concerning their very nature, is only too evident in the medical literature of the day. Hardly anywhere is this more obvious than in dealing with statistical results, and in the deduction from them of average results. This we shall more particularly dwell upon in our next article.

Meanwhile, to illustrate the subject, we will give the "arithmetical law of the progression of epidemics," as stated by Dr. Farr in 1866:—

"Take nine weeks of the early course of the epidemic, in three groups of three weeks each: find the average deaths per week in each group: find the number by which you must multiply the first average to obtain the second, and the numbers by which you must multiply the second average to obtain the third: or, as simpler process, take the difference between the logarithms of the first and second averages, and between the logarithms of the second and third. The first of these differences may be called $\delta^1$, and the difference between these two differences, which should, to bear out this theory, be a negative quantity, may be called $\delta^2$. We have now the data for constructing the series. The average of the first three weeks is the starting point, and represents the centre week of those three. The next number in the series is obtained by adding to the logarithm of our first number a number composed of $\frac{\delta^1}{3} - \frac{\delta^2}{9}$, remembering that $\delta^2$ is a negative quantity; we continue to add to the logarithm for each place in the series a number gradually diminished by the addition in each place of $-\frac{\delta^2}{9}$: after a time the number to be added becomes negative, and the series gradually diminishes."

This method has been applied to the cattle plague of 1865–66, the cholera epidemics of 1849 and 1854, and the scarlatina epidemics in London during the years 1840–71, and in 1874. The results were, to a great extent, satisfactory. The extent to which it has already been found available is encouraging to the adoption of more mathematical reasoning in medicine than has heretofore been customary.

## Notes and Comments.

### On Damiana.

In the Reporter, of May 15, we quoted, from the *Virginia Medical Monthly*, some cases reported by Dr. Caldwell, of Baltimore, in which a new Mexican plant, called damiana, was employed. This applicant for recognition as a therapeutic agent was said to be a powerful aphrodisiac and nerve tonic. We advised, at the time our readers not to be prematurely captivated with this announcement, and promised the results of some personal inquiries.

Our application for samples of the extract was complied with by the proprietor of the preparation, for which courtesy we express our thanks. But he declined to state from what part of Mexico he obtained it, or through what channels of trade. He further added that no botanical specimen of the plant could be had.

The extract sent us contained considerable alcohol, the effect of which must be allowed for. The amount of alcohol in a dose of the extract was fl.3j or fl.3ij.

In two instances we administered a dessert-spoonful of the extract three times a day, to healthy men, for three days. The result was null beyond a slight stimulation from the alcohol.

In three cases we administered two full bottles of the extract to men, from twenty-five to thirty-five, suffering from exhaustion of the generative powers, incident to excessive coition and self-abuse. From one of these we have not heard. The second reports, after using it steadily for three weeks, a loss of appetite, and "so little improvement in the strength of the organs that he can hardly tell if there is any." The third, an intelligent gentleman, writes as follows:—"I do not consider the damiana did me any good. It increased the desire for sexual congress during the first few days I used it; after that the inclination passed away, and now, after finishing the second bottle, I have no desire at all. I had intercourse once while using the first bottle, but did not observe any increase of strength in the organs."

We have no desire to claim "the sole proprietorship of scientific investigation," which our friend of the *Virginia Medical* assigns to us; but it would be quite as proper to do so as to maintain the monopoly of a really useful drug. This, however, we distinctly do not lay at the door of the Washington pharmacist; for we firmly believe *damiana* to be useless, or nearly so!

### On Croton-Chloral.

The reports about this recent drug are as yet very conflicting. One writer, Dr. Mering, speaks of it depreciatingly, while, in Germany, Dr. Otto Berger has strongly recommended it in sciatica, in the pains of locomotor-ataxy, and in angina pectoris, in repeated small doses of 0.1–0.2 grammes. There seems to be little doubt, however, that the hypnotic action of croton-chloral is inferior to that of chloral. In addition to those of Dr. Mering on this point, Dr. Bouchut, of Paris, has made a number of comparative experiments on children with the two drugs, and his results are decidedly in favor of the chloral, for while three or four grammes of the latter will produce such complete anæsthesia that abscesses can be opened or teeth extracted without pain to the children, the croton-chloral, even in four-gramme doses, scarcely produces sound sleep. Further observations will have to explain the discrepancies between Dr. Mering's and Dr. Berger's conclusions, and to indicate with more precision the exact class of cases in which the drug is really useful. It is hopeful, however, for the future of medicine, that, in the short time which has elapsed since its discovery, so much should already be known about it.

### The Death Rattle.

Not long since the eminent Dr. Piorry read a paper before the Académie de Médecine, "On the Influence of the Bronchitic Secretion on the Act of Death." He urged that its presence, even in such quantity as to cause merely lessened elasticity and crepitation of the lung substance, constituted the last and finally efficient link in the chain of the causes of death, and that the recognition of this is of practical as well as pathological importance. A lung which crepitates and remains voluminous when removed from the body is in an essentially morbid state, and to regard it, as is often done, as healthy, is to consider as normal a state which is, in fact, the immediate cause of death. In the cases to which M. Piorry seems especially to refer, those in which the amount of fluid in the lung-tissue is so trifling as hitherto to have been considered normal, because almost always found after death, we doubt whether this last is not

also the least in the chain of causes, and whether the practical disregard of it has the grave diagnostic and therapeutical consequences he suggests.

### The Woman-Doctor Question.

The *Union Médicale*, for June 5th, contains a well-written letter, from the pen of Madame Anna Puéjac, "Sage-femme en chef de la Maternité de Montpellier," in which she urges that many of the objections made to women pursuing a medical career, by M. Richelot and others, are characterized more by mere sentimentality than by sound judgment. Thus, much has been said upon their want of modesty; but this reproach, addressed to women who have passed the age of school-girls, and have seriously entered on the business of life, with well-trained minds and with a conscience alive to their duties, is a very foolish one. In fact, it is the immodesty of the present state of things, which compels women to have recourse to the offices of men on many occasions when they would prefer those of women, that has given so powerful an impulse to the movement. And it does seem strange, that the same persons who see something so shocking in women studying the anatomy of the body or frequenting hospitals, find little or nothing to object to in their frequenting balls and assemblies in a half-naked state, amidst all kinds of sensual excitement, in their perusing the most demoralizing novels, and in their attentive examination of the labors of the artist and sculptor.

### Instance of Ravenous Appetite.

Foreign journals mention that Dr. Lubelski, of Warsaw, has forwarded to the Paris Académie de Médecine the particulars of a remarkable case of bulimia occurring in a woman twenty-six years of age, usually enjoying good health. She had been married but two months when she was seized suddenly with nervous symptoms, which were at first attributed to probable pregnancy. But at the same time came on an insatiable appetite and devouring hunger, so that the woman would eat from fourteen to sixteen pounds (Russian?) of meat daily. Neither sugar nor albumen were found in the urine. She grew enormously fat, so that she became unable to walk, and weighed 250 pounds. All known therapeutical agents were tried in vain, and it was found that there was quite an abnormal tolerance of poisonous substances. Neither tænia nor any other form of helminthiasis existed, nor, indeed, any pathological condition which offered a clue for treatment, although the occurrence of convulsive paroxysms when she was not supplied with food seemed to indicate some kind of nervous affection.

### Instances of Longevity.

According to the mortality returns for England for the year 1872, 195 men and 433 women died at 95 years old and upward. Twenty-four of the men had reached 100 or upward, and one, who died in Morpeth Workhouse, was registered at the age of 111 years. Of the women, 51 had lived a century or more, and 2 had attained the age of 107 respectively. Of the 75 persons registered as 100 or upward, 9 died in London, their respective ages being, two 101, two 102, one 103, two 104, one 105, and one 107.

The Irish mortality returns, made up for the year 1872, record the deaths of 368 males, and 481 females, registered as ninety-five years old or upward when they died. Of these, 303 were persons stated to have reached the age of 100 years and upward—135 males and 168 females. 77 of the men and 100 of the women in every 10,000 are stated, in the returns, to have been over 95 years of age.

### Poisonous Action of Laburnum.

A case reported in the *Medical Press and Circular*, by Dr. F. F. Porter, illustrates the poisonous effects of the flowers of laburnum (Cytisus laburnum). On the evening of Saturday, May 15th, 1875, a fine male child, 3 years of age, was brought to him in an almost dying state: the pulse was imperceptible, the surface of the body cold, pupils dilated, the head rigidly thrown back, and the breathing stertorous; vomiting was freely taking place, but purging was absent. The mother stated that the child had been detected eating laburnum three hours before, and that the vomiting had been profuse for two hours. On examining some of the vomited matter fragments of the flowers in a broken-down state were seen. The treatment consisted of the free use of ammonia with bark, the application of sinapisms to epigastrium and nape of neck; castor oil was also administered. Recovery followed.

## Correspondence.

### Compression of the Abdominal Aorta.

Ed. Med. and Surg. Reporter:—

In the last number of the Reporter I see an article, by Dr. Curtis, of Erie County, N. Y., upon the compression of the abdominal aorta.

Allow me, through your columns, to add my testimony, upon the propriety of this procedure in uterine hemorrhage.

In the evening of May 14th, 1875, I was called to see Mrs. Joseph Thompson; found her in labor, with, I believe, the sixth child. Patient was of Irish descent, of full habit, and in perfect health. Labor normal, terminating about midnight; placenta came without assistance; no hemorrhage of any amount; uterus contracted, to all appearance, naturally. Remained with patient a little over two hours; pulse, at the time of leaving, eighty-five; uterus, as far as I was able to judge, still well contracted. After giving some directions in regard to the general management of the case, I left. I had only proceeded about four blocks, when the husband overtook me, and said his wife felt faint, and wanted to know if he could give her some brandy. I immediately retraced my steps, and upon entering the sick-room, I was astonished to see her so perfectly blanched, lips, and even tongue, colorless: patient insensible, from having fainted. I immediately loosened the bandage, grasped the womb, and tried to get up contractions; failing in that, I introduced my hand within its cavity, removed the clots present, but all I could do I could not rouse the womb. Remembering the source of supply, I immediately commenced compression of the aorta. She was a large woman, with a large and full abdomen, and it was with some difficulty that I succeeded. I immediately sent for my friend, Dr. G. O. Taylor, who rendered me great assistance in giving ergot, and applying ice, externally, as well as internally. With suitable restoratives we succeeded, after a long time, in obtaining contractions, and our patient was saved; and saved, no doubt, by the timely compression of the aorta. I am firmly convinced that, by this treatment, every case of post-partum hemorrhage might be controlled successfully. Respectfully, etc.,

D. M. Cool, M. D.,

45 *Egan Avenue, Chicago, Ill., August* 2, 1875.

### Chloral an Antidote to Strychnine.

Ed. Med. and Surg. Reporter.

I think I have recently had an opportunity of testing the power of chloral hydrate in arresting the poisonous effect of strychnine.

A young woman of remarkably healthy and robust appearance, on account of some disappointment in love affairs, determined on self-destruction, and bought for that purpose, as she says, half a teaspoonful of strychnine, mixed it in half a tumbler of water, and drank it.

She immediately informed her mother of what she had done, whose incredulity was soon dissipated by the occurrence of spasms.

On my arrival at the house, about one hour and a half after the dose had been taken, I was met by the father, who told me that his daughter had had spasms every little while for the past hour, and that they were increasing in severity—that she was "*just gone.*"

I gave sulph. cupri, which produced emesis, copious and immediate; also, subcutaneous injection of morphia. Spasms were severe and nearly continuous. Remembering to have read in your Med. and Surg. Reporter of *chloral* as useful in such cases, and fortunately having some with me, I gave twenty grains of it, when occurred a most terrific spasm, opisthotonos, etc., during which it was with great difficulty that she was kept upon the bed. As soon as was possible, I gave an additional dose of thirty grains chloral, when the spasms gradually diminished in frequency and force, entirely subsiding within the space of two hours, and she falling into a quiet sleep.

It is, of course, impossible to know the quantity taken, but as the tumbler used was coated with strychnine for half its depth, it must have been *ample.*

Yours, truly, J. W. Winslow, M. D.

*East Hampton, Mass.*

## News and Miscellany.

### Alessandro Volta.

The *Annali Universali di Medicina*, for April, gives an account of the exhumation of the remains of the celebrated philosopher, Volta, on March 30, at Camnago-Volta, Como. This does not seem to have been a national act, but merely one performed by his descendants for the purpose of placing the remains of their ancestor in a splendid mausoleum which they had prepared for their reception. Still, it was made a solemn and imposing ceremony, for not only was the body laid in state for some time, for public inspection, but its reinterment was attended by the representatives of nearly all the Italian universities and learned societies, the Minister of Public Instruction being also represented by Prof. Cantoni, a successor to the chair held by Volta in the University of Pavia.

It seems that a careful examination of the cranium was made, and the following results are recorded:—Cranial capacity, 1865 cubic centimetres; orbital capacity, 25·5 c. c.; antero-posterior diameter 190 millimetres; the maximum transverse diameter, 153 mill.; the basilo-bregmatic vertical diameter, 140 mill.; the height of the facial line, 115 mill.; the antero-posterior curve 383 mill.; circumference of the cranium, 556 mill.; the facial angle, 73 degrees; weight of the cranium, 695 grammes; weight of the lower jaw, 57·5 gr. The weight of the brain

must have been, according to the calculations of Prof. Lombroso, 2055 grammes, and, therefore, superior to that of Cuvier (1829 gr.), and to that of Byron (1807 gr.), and little less than the apocryphal weight of that of Cromwell, and 440 gr. above Italian mean weight. So, also, as the mean capacity of Italian male crania is little more than 1500 cubic centimetres, that of Volta exceeds this by about a fourth. In form, Volta's cranium belongs to the true Roman-Italian type, and exhibits great harmony in the development of all its parts. The sutures were all effaced, as was to be expected in an individual who had exceeded his eighty-second year.

### Small-pox in France.

The total number of deaths from small-pox among the civil and hospital populations of Paris during the first quarter of 1872 was 24; in 1873, 7; in 1874, 4; and in 1875, 31. Judging from the history of former epidemics, a new explosion would not seem to be imminent; but now, that the disease threatens to be again passing from a sporadic into an epidemic form, is the time for the vigorous employment of prophylactic measures.

### Personal.

—When Madame Brés had passed her examination in the Paris School of Medicine, M. Wurtz, the President of the Examining Board and Dean of the Faculty, addressed her in the following terms: "Madame, you have not only raised women from the secondary position they have held in medicine, but your thesis is one of the best that the Faculty of Paris has ever received, and it will be consigned with honor to its archives." The title of the thesis was, "La Mamelle et l'Allaitement," a very appropriate subject for a doctoress, and was treated of in an anatomical, a chemical, and physiological point of view.

—Drs. Kaposi, Auspitz, and Neumann, have been appointed extraordinary professors of Dermatology and Syphilis in the University of Vienna. They have hitherto held the position of *privat-docent*. Dr. Carl Störk, *privat-docent*, has been appointed extraordinary professor of Laryngoscopy in the same University.

—The eminent Irish obstetrician, Dr. Fleetwood Churchill, has retired from practice.

### Items.

—Addison used to say he could always tell what business a man followed after hearing him talk ten minutes. It would not have required an Addison to certify the profession of Dr. Cooly, of Vineland, who, in an address before the Anti-fashion Society, last week, stated that he was not prepared to say when Victoria Woodhull would deliver her speech to the Vinelanders, which he rather alarmingly described as an effort "that would cause a revolution in the bowels of the nation."

—The fifteenth session of the American Dental Association, held at Niagara Falls, adjourned last week, to meet in this city next year. The following officers were elected:—President, Dr. A. L. Northrop, of New York; Vice Presidents, H. J. McKellaher, of St. Louis, and H. A. Smith, of Cincinnati; Secretary, J. H. McQuillan, of Philadelphia; Treasurer, W. H. Goddard, of Louisville.

—No new case of yellow fever has occurred at Fort Barrancas since the 2d inst. There was one death on Thursday night. Dr. Sternberg was reported convalescing on the 7th. Forty-four cases are now under treatment at the fort, twenty-nine of which are pronounced convalescent.

—Australia has one doctor to every 1000 inhabitants. Too thick!

—The green flannel which lines gum boots is said to have occasioned severe local symptoms, attributed to an arsenious dye used to give it its hue.

—A good story is told of Chivac, the Duke of Orleans' physician. He never noticed that he was ill, being so anxious about the health of others; but one day he felt his own pulse and said: "He's a dead man. I have been called in too late."

—A quack doctor in Baltimore made a speech on corns. He said corns and bunions are a mystery to the medical science; they come from wearing tight boots and shoes, and also from loose ones; they come when they please, where they please, and stay just as long as they please, and nothing in creation can remove them but Finnegan's corn salve.

## QUERIES AND REPLIES.

MR. EDITOR:—In answer to Dr. R. M. H., in REPORTER of May 29, 1875, I would say that I have, for four years past, only used sulph. morph. for hypodermic use, dissolved in water. I carry with me powders of 1 gr. each, and a graduated syringe. I put my powder in a small vial, draw into my syringe 40 gtt. of pure water, and throw it on to the powder, which gives me a clear solution. From this solution I charge my syringe with 5, 10, or 20 gtt., as may be required. This gives me entire satisfaction, never having produced, in hundreds of injections, an abscess or any inconvenience to my patients. Respectfully, A. J. OVERHOLT.

## OBITUARY.

### DR. WINSLOW LEWIS

Died in Boston, August 2, aged 76 years. He was reputed one of the most skillful surgeons in the United States, having studied under Dupuytren in Paris, and Abernethy in London, and practiced with success in Boston. He served several terms in the Legislature of Massachusetts, was for some time President of the New England Historical and Genealogical Society, and was twice Grand Master of the Masons of Massachusetts.

THE

# MEDICAL AND SURGICAL REPORTER.

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## Original Department.

### Lecture.

### PHIMOSAL PARAPLEGIA.

BY C. E. BEARDSLEY, M. D.

(Reported by J. W. Hadlock, M. D., as delivered before the Ohio State Medical Society, June 17, 1875.)

Gentlemen:—I desire to call your attention to the following cases, which to me have some interest:—

In 1865, Jan. 18th, a boy, fourteen years of age, was brought to me for examination and treatment, by a widowed mother, whose husband had been killed on the battle-field of Stone river.

The lad was tall, with dark eyes and hair, also extremely emaciated; he had no power over the lower extremities, and, seemingly, but little strength in the vertebral column, as he was unable to hold his head erect: he was also a great sufferer from spasms, epileptiform in character. Simply pronouncing the word spasm or fit, in his presence, would throw him into convulsions, or the least shock, as concussion of the hands, would produce the same result. The convulsions could be produced in the same manner, as often as he would arouse from the stupor which followed each attack.

The history of the case, as gathered from the mother, was of but little value. She, like most women of inferior intellect, was extremely modest, too much so to lead us to the real cause. Like the woman of old, she had spent all she had on doctors, without benefit, but the patient rather grew worse.

I undressed the boy, better to observe his movements and to examine him for some lesion, I knew not what. The mother said he was thrown from a horse a year before the occurrence of the spasms; and, naturally enough, she attributed all the present trouble to that fall. The boy, now, after two years of a life of suffering, is semi-idiotic, with complete paralysis of the lower extremities. While he was in the nude state and in one of the convulsions, I observed that there was a partial erection of the penis, with dribbling of urine, which induced me to examine the parts, and if possible, the bladder, for stone, as the most probable cause of the trouble, by a reflected irritability. On attempting to introduce a sound into the bladder, I was foiled by a very small meatus and an inability to retract the prepuce. I further discovered, just behind the corona glandis and beneath the integument, what seemed to be a ring of some hard material. On a second attempt to retract the foreskin, I discovered that it too was adherent to the gland, with slight balinitis. I therefore circumcised the lad, tearing back the mucous membrane from off the gland, turning out at the same time a ring of sebaceous material, the density of an ordinary cheese crust. I used water dressings to the parts, and gave him internally iodide of potassa, and valerian in small doses, three times per day, with liberal diet. He was to have this treatment for the time being only, I expecting to find a stone in the bladder as soon as the patient would recover from the circumcision sufficiently to allow introduction of a sound; but the boy gained in strength from day to day, the spasms and all untoward symptoms suddenly disappeared, and

by the time I again saw him (six weeks) he had regained the use of his limbs as to be able to walk with some assistance, his mind becoming clearer as he gained strength, until complete recovery. I gave him the potash and valerian but one week, and no other medicine at that time or afterwards.

The young man is living now in my neighborhood, a perfect specimen of health and strength.

My second case occurred in 1870. A male, of seven years of age, with complete paralysis of the lower extremities and spasms. This case was of two months' standing prior to my seeing it. The history of the case runs thus:—The child was taken ill, and the same day had convulsions. A physician was called in, who diagnosed intestinal worms, and treated the case accordingly. No worms were expelled, I believe. Up to this time the child ran and leaped around, as other children do who are in perfect health. After the first convulsion the parents noticed that the child was unable to support its body on its limbs, or to move them. The parents informed me that the spasms came on mostly at night, or on attempting to micturate. I therefore examined the genital organs, finding very much the same condition as in my first case. The foreskin was perfectly adherent to the gland, with signs of recent inflammation. I circumcised the boy, turning out from beneath the prepuce, as before, a pent-up deposit of sebaceous matter. Gave a saline purgative, and used water dressings to the parts circumcised, as in the above case. The patient recovered rapidly without further treatment.

Case 3. A male, ten years of age, came under my observation February, 1875. Both parents are living. The mother is in delicate health, and had been some years prior to the birth of this child. This case is one of three years' standing; the boy is completely paralyzed in both lower extremities, with convulsions; idiotic and loss of vision; he is also extremely emaciated, and so debilitated as to be unable to support his body or head erect; much less is he able to lift the head from his pillow. The epileptiform spasms have averaged him one for every three hours, during the last three years. The boy was perfectly healthy up to seven years of age, when he had an attack of scarlatina simplex, which ran a very mild course, but on the decline of the rash spasms supervened, and from that time to the present he has been a great sufferer as well as a burden to the family. The history of this case is very much like the other two given above, only of longer duration, and consequently the greater mental and physical derangement observed. I called my friend, Dr. Moore, in to see the case and assist me. We circumcised him, tearing the adherent mucous membrane from off the gland, turning it back, liberating a semi-solid ring of sebaceous matter from behind the corona glandis. Applied the water dressing, as in the above cases. Although extremely reduced in flesh and strength, I put him on bromide of potassa, fifteen grains, three times per day, with liberal diet.

I have heard from him but once since the operation (some four weeks since). The boy at this time sits up without assistance, and can walk without assistance. He has not recovered his vision. The family think he can see some, as the eyes and head will follow a lighted candle about the room. I have not seen the case since the day he was circumcised, which was on the 15th of May last.

My fourth is a child of twelve months of age. For the last six months this child was having convulsions, with internal strabismus of both eyes, and a continual rolling motion of the head. The paralysis is not so well marked in the lower extremities as the above three cases, but sufficiently so to be diagnostic. The power to support the head erect on the trunk is nil. The history of the case ran thus:—The child became slightly ill; the parents supposed it to be an intermittent fever; calling in their family physician, he concurred in their opinion, giving it, at the same time, some medicine. The next day it had convulsions, of an epileptic form, but by care and treatment it seemingly recovered, but leaving it feeble. Some days later it had another attack of convulsions: treatment now failed to make any impression on it as curative, but, to the contrary, it became worse, the mother noticing that the spasms came on every time the child micturated; some convulsions more marked than others. I circumcised it on the 29th of May, 1875, finding perfect adhesion of the foreskin to the gland, the result of an inflammation.

The child is before me this, the 14th of June, 1875. The eyes are still turned inward; has had no spasm since, and is gaining strength rapidly.

## COMMUNICATIONS.

### CASES ILLUSTRATING THE EMPLOYMENT OF VENESECTION.

BY W. W. MURRAY, M.D.,

Of Baltimore, Md.

It is scarcely asserting too much to say that nine-tenths of the physicians of recent years not only have never performed the operation of phlebotomy, but have never seen it performed, unless, indeed, on the cadaver. In my attendance upon lectures and hospital clinics, in London, Dublin and Belfast, I may have heard the lancet spoken of as applicable in sthenic inflammations, etc., but certainly I never saw it employed until I entered private practice. What is true of myself, is doubtless true of the large majority of young physicians, and as the attention of the profession is now being directed to this remedy, which the illustrious Professor Gross has very justly denominated the "lost art," I send the cases detailed below, not because of any special interest pertaining to them, *per se*, but that the junior members of the profession may learn, from the experience (limited though it be) of one of their number, that blood letting is not such a reckless and unjustifiable proceeding as we so often hear it spoken of by our seniors. Beyond all question, this remedy was greatly abused, and much harm was done by its indiscriminate employment, in consequence of which it came into disrepute. Then it became fashionable to decry it, and to consider its few remaining advocates relics of the past. If every remedy which has been or is capable of being abused should be discarded from our armamentarium, our occupation would be gone indeed. It is as unreasonable and as unscientific to deny venesection a place in therapeutics, because of its having been abused, as it would be to place opium, and calomel, and arsenic, and hydrocyanic acid under the ban, because injury has been done by their improper employment. It is not claimed that the cases in which blood-letting is required are of as frequent occurrence now, as in the time of our fathers; the type of diseases, in general, has undergone a change, and the supporting plan of treatment is, probably, required in a much greater number of cases than in the heroically antiphlogistic plan; nevertheless, instances do occur, and not so infrequently as we try to believe, in which venesection is as absolutely demanded as at any time in the past; in which, so far as promptness and efficiency are concerned, it can be substituted by no other known remedy. It requires more moral courage than the average physician possesses, especially if he be a young physician, to propose to bleed a patient, so thoroughly imbued with the professional prejudice against it has even the laity become; but if the case really requires the remedy, the result of its application will be so beneficial that the suspicions with which he had begun to be regarded will be dissipated, and he will be the recipient of greater confidence than ever before. It is a measure very powerful, both for good and for harm, but must I allow my patient to die for want of it, because, forsooth, some ignorant pretender killed his with it? It requires to be used with discrimination and care, but the same remark applies to jalap, Dover's powder, and every other drug; everything we do, if done properly, needs to be done discreetly and with due care, and he who lacks the power of discrimination, and who treats every case of the same disease alike, regardless of the conditions present and of the peculiarities of each individual case, might find his proper sphere in breaking stones, but not in the practice of medicine or any other vocation in which the exercise of intelligence is necessary.

CASE 1. In the Autumn of 1871 I was called to see a colored woman, whose physician had given her up to die, and had ceased his visits. He had been treating her for "consumption of the bowels." I found her laboring under an attack of peritonitis, the acute symptoms of which had passed off, so that it may be said to have become sub-acute. It was deemed important that the bowels, which had been confined for more than a week (how much longer I do not know), should be moved, and for this purpose different cathartics, variously combined, were administered, but with no effect; I then asked for and obtained the assistance of my friend, Prof. Harvey L. Byrd, who advised venesection, remarking at the same time that so often had he known blood-letting result, in such cases, in movement of the bowels, he had been in the habit of jocularly calling the lancet a purgative, when lecturing on materia medica. The idea was to me entirely new, but we bled the patient, and in a very few moments afterwards she went to stool. Improvement began

at once, and under appropriate treatment the woman rapidly recovered.

Case 2. Was that of an Irish laborer, suffering with determination of blood to the head. He was one of a gang of men at work opening a street. On a very hot morning in June, 1872, while using his pick, he suddenly fell backward, with the exclamation, "Oh!" On reaching him, a few moments later, I found his mental faculties very much confused, and every symptom indicative of cerebral congestion. Fearing the occurrence of effusion, unless relief was promptly afforded, I bound up his arm, and opened the median basilic vein. Scarcely had four ounces of blood flowed before he was better, and when half a pint had been drawn he became perfectly rational, the intense vertigo had passed away, and he expressed himself as feeling "as well as ever." On the supposition that as a little was good, more would be better, he begged that the blood might be allowed still to flow; the object, however, having been attained, I sealed up the opening, and he immediately lighted the inevitable pipe, and declared himself ready to resume work.

Case 3. Was a German, æt 50, who had long suffered with valvular disease of the heart, consequent upon an attack of acute rheumatism. When he first came under my care (April 13th, 1874), he had anasarca of the lower extremities, which was rapidly extending, great pulmonary œdema, consequent upon regurgitations from the right ventricle, with inability to breathe at all except in the erect, or rather, half-stooping posture; in a word, he was in that condition, familiar to all medical men, which immediately precedes death in a long-standing case of mitral insufficiency. I was compelled to bleed him, to avert immediate dissolution. As a matter of course, venesection could afford him only partial and temporary relief, but it enabled him to live several days longer (he died on 18th of April), a matter of very great moment, especially if the necessary preparations, such as devising property, etc., have been postponed to the latest hour.

Case 4. Was an old lady, above 70 years of age. She had had some cardiac trouble for a long time. I first saw her on the night of January 15th, current year. I was sent for in great haste, and found her nearly asphyxiated, in consequence of mitral regurgitation, the blood being thus dammed up in the pulmonary capillaries. It was at once apparent that the lancet offered the only hope, and a very slight one, of relief, but I determined to give her a chance for life; accordingly, I opened a vein, and allowed about eight ounces of blood to flow. This relieved her very much, though respiration was still considerably oppressed. Being apprehensive of the effect which a further loss of blood might occasion in one so aged, and all immediate danger having been averted, I determined to trust the rest to determination to the surface, for the accomplishment of which the back, breast, arms and legs were well nigh covered with sinapisms, and in two hours the respiration was as easy as usual. The old lady is to-day a living illustration of the fact that the lancet, when properly timed, is one of the most, if not *the* most, prompt, reliable, and indispensable remedies that we possess, the prejudice of nine-tenths of the profession to the contrary, notwithstanding.

During a practice of five years, I have bled in two other cases, besides those above detailed (one of the two being a case of peurperal eclampsia, and the other a case of pleuritis), making six in all, and in no instance had I cause to regret the proceeding; on the contrary, I am fully satisfied that, in five out of the six cases, the lancet did what no other remedy or combination of remedies could have done.

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## PUERPERAL CONVULSIONS AND RETAINED PLACENTA.

BY J. R. SPACKMAN, M. D.,
Of Georgetown, S. C.

I verified, early in practice, two trite sayings of my preceptor, the late Prof. S. H. Dickson. First, that it is of equally grave prognosis when a sick person complained too much or too little; secondly, that patients frequently die when they ought to have got well, and *vice versa*.

The following case may possibly prove of interest to city experts unfamiliar with the deficiencies and inconveniences of the sick room in a rural pauper district; but I offer it for the encouragement of young country practitioners, who are too frequently dependent upon tact and expediency, under circumstances unfavorable and forbidding. To the reader there will be suggestive points in the case, as to symptoms, treatment, and results, unnecessary for me to dilate upon. I, therefore, simply report from my memoranda.

Mary S., mulatto, aged twenty, married—primipara—was taken sick at full term on Saturday, March 21st, 1874. Labor proving slow and tedious, the neighboring physician was sent for on the afternoon of the second day. He arrived at 5 o'clock, just after a well developed female child had been delivered, but found patient in severe convulsions, with retained placenta. There being no hemorrhage he made no attempt to deliver placenta until convulsions intermitted. Slight traction upon the cord failed, and he did not determine the cause of retention by a careful and critical examination, for just at this juncture the doctor was summoned in great haste, six miles, to his own wife, taken in severe labor just after he had left home, two hours before. He prescribed, therefore, and left instructions to report to him the next morning if the woman was not relieved. The report was that the convulsions had continued at short intervals during the whole night, and that the placenta had not come away; but no hemorrhage. A note from the doctor, explaining his inability to return to the case, in consequence of the illness of his own wife, and inviting me to attend, was left at my residence, fifteen miles distant, at one o'clock P. M., Monday, 23d. I was absent, and did not return home till late in the afternoon of the next day. Supposing that by this time the case had terminated favorably, or that the friends had made other arrangements, I did not go.

Greatly to my surprise, the husband came in person, at twelve M., the following day, to report that he had been unable to get medical attendance; that the placenta was still retained, and that he left his wife speechless, in a cold clammy sweat, apparently hopelessly ill, as she had not spoken since the birth of her infant, and had been sleepless since Sunday morning. I reached the case at 3 P. M., and found the report correct. The limbs were covered with a cold clammy perspiration, which the nurse reported had commenced the evening before; the head warm, but not hot; abdomen much distended and tympanitic throughout; surface in umbilical region quite warm, but not flinching under pressure; eyes wide open, with a marked vacant stare (not winking during an examination of two minutes or more); pupils slightly dilated; conjunctivæ rather dry and engorged, but less so than I had expected; respiration slow and easy; lips dry; takes cold water freely when offered, but refuses all nourishment; pulse small and very feeble at 92, difficult to count. The mother of the patient reported that she had given her, the day before, a good dose of oil and spirits turpentine, which had acted thrice, and, greatly to her disappointment, had failed to dislodge the afterbirth. The whole house (a log cabin) was shockingly offensive, and the stench at the bedside simply intolerable. The eyes of the patient would move in response to the sound of my voice, but no effort of speech in answer to questions. After thoroughly oiling my hand and forearm, I commenced examination. The external soft parts were so sensitive the hand had to be introduced very slowly and cautiously, which was resisted by strong muscular contractions and closing together of the thighs. Upon fairly entering the whole hand I found the placenta one entire, soft, decomposing mass, firmly embraced under the contracting ring of the os-internum. The introduction of the fingers enabled me to seize the mass and make traction, which was instantly followed by the forcible expulsion of the hand, with placental membranes, and an audible escape or explosion, as it were, of the most fetid gas I ever have encountered at the bedside. The walls of the abdomen softened, and the patient commenced sighing heavily, with waving of the head. I administered, immediately, a half pint of milk and whisky, both, fortunately, being at my command. This was responded to satisfactorily, and my next desire was to thoroughly wash out the womb and vagina with some disinfectant. No vaginal or rectal syringe being at hand, I improvised a joint of cane and a dried pig's bladder, with which my purpose was accomplished. A pint of tepid water and fresh milk, with twenty drops dilute carbolic acid, was injected as high as it could be thrown into the uterine cavity, and this repeated three times. After which the entire bedding and coverings were removed, the patient placed under dry blankets, and another half pint of milk and whisky ordered. One dozen pills, each containing one grain opium and one grain camphor, were left for the night, directing two to be given at first and one every hour after, until she had a sound, comfortable sleep. The syringing with milk and warm water to be repeated every eight hours, and nourishment freely. I left at five P. M., just seventy-two hours from the time of confinement, the placenta having

been retained nearly seventy-one hours (visions of septicæmia, etc).

On Thursday, 26th, 3 P. M., the husband reported to me, at the residence of another patient in same neighborhood, that he had given the twelve pills, and that she had slept in all about four hours; awoke warm and comfortable, and noticed persons moving about the room, but made no effort to speak. I directed four more pills (camphor and opium), two at dark and two at ten P. M.; other treatment continued.

On Friday, 27th, visited her, at one P. M.; found her comfortable; pulse 82; answering questions in monosyllables; taking nourishment freely; slept well all night, from the four pills, and seems pleased to have the infant on her arm, but when asked if it was hers she answered no. Did not visit her again, but learned that she was up and about on the fourteenth day. She was in convulsions eighteen hours; was speechless over one hundred hours; took sixteen grains opium in twenty-eight hours, and recovered.

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## VESICO-VAGINAL FISTULA FOLLOWING THE INSTRUMENTAL DELIVERY OF A HYDROCEPHALIC CHILD.

Read before the Iowa Union Medical Society, June 1st, 1875,

BY E. BURD, M.D.

Mrs. Ed. Moore, a stout, hearty-looking young woman, about twenty-three years old, sent for me, August 31st, 1872, to attend her in her first confinement. I arrived about 4 A. M., and on examination found the head presenting in the first position of the vertex; the os uteri dilated to the size of a half dollar; pains regular, though not strong.

The pains continued through the day about the same as when I first came, but the head made no progress. Towards evening I administered ergot, which had the effect of increasing the strength of the pains, but did not advance the head one particle.

By midnight I had come to the conclusion that the head of the child was too large to pass without instrumental aid, and I accordingly sent for my forceps. They arrived about 1 A. M., September 1st, and I at once proceeded to apply them. I experienced great difficulty in getting the blades into position so they would lock, but after several times withdrawing and reinserting them, I finally succeeded, and commenced traction with a slow pendulum-like movement, resting between the pains. During a pain, while making traction, the forceps began to slip; I readjusted them, and again they began to slip.

At this juncture I asked for counsel, to assist and share the responsibilities of the case with me, and accordingly, at 4 A. M., Dr. Carson, of Mt. Vernon, was sent for, and he arrived at 10 A. M. During this interval I quieted the pains by opiates.

After carefully examining the case Dr. Carson thought we had better wait a few hours, and let nature have a little longer trial. We accordingly administered ergot, and waited until 6 P. M., and finding no advance, the doctor came to the same conclusion that I had arrived at eighteen hours before, and we decided to deliver instrumentally. He then took the forceps, and experienced the same difficulty in adjusting them that I did, and as soon as traction was made they would slip. After several ineffectual attempts, he handed me the forceps, and I applied them again, closed them firmly over the child's head, made pretty strong traction during her pains, and finally succeeded in delivering her, at about 7.30 P. M., of a dead female child with a very large head, as the following measurements will show. The body was hardly of average size:—

| | | |
|---|---|---|
| Cervico-bregmatic circumference | ..... | 14 inches. |
| Trachelo-bregmatic " | ..... | 15 " |
| Occipito-frontal " | ..... | 18½ " |
| Occipito-mental " | ..... | 19½ " |
| Fronto-mental " | ..... | 13½ " |

The fronto-mental and occipito-mental diameters being so great, accounts for the slipping of the forceps, the head being too long to fall into their curve.

September 2d. Patient slept well; passed urine; pulse 100.

3d. Bowels moved; no fever; no pain; rested well.

8th. Complains of intense pain in ball of right foot. Ordered oil and pulv. ipecac et. opii.

9th. Pain left foot and went to groin. Opiates again relieved it.

13th. Pains in foot recur frequently, are intense, and are relieved only by opiates. To-day urine commenced flowing involuntarily.

The case then passed into the hands of another physician, and I did not get a chance to examine the fistula which had resulted. In the fall of 1872 she went to Mercy Hospital,

Chicago, for operation, and Dr. Byford wrote me that the fistula was a large one, running across the vagina; an evidence of sloughing from long-continued pressure of the child's head against the part was surrounded by many cicatrices, and he found that a second operation would be required before the cure would be complete.

She did not rally well from the shock of the operation, and her friends brought her home. She fell into acute phthisis, and died, January 6th, 1874, of an attack of hæmoptysis.

## Medical Societies.

### COLLEGE OF PHYSICIANS, OF PHILADELPHIA, JUNE 2, 1875.

A paper was read by Dr. J. Ewing Mears, on

**Encysted Dropsy of the Peritoneum.**

A lady, aged 40, unmarried, with an obscure abdominal tumor, was operated upon, when the following conditions were found:—

I opened the abdominal cavity, making an incision two inches in length in the linea alba, and midway between the umbilicus and the pubes. On introducing the finger I found adhesions between the tumor and the parietes of the abdomen, which were separated with some difficulty. I enlarged the incision to four inches, in order to obtain a more extended view of the tumor. Through this opening I introduced my hand and separated the parietal adhesions, which were general. On making an examination after the separation, I found that the anterior wall of the tumor above was in great part formed by the great omentum, covered by a dense layer of lymph, and firmly adherent to the subjacent intestines; its lower edge was rounded and was fastened to the intestines below, forming a smooth junction with them. Below the border of the omentum the intestines were firmly adherent and formed the remaining portion of the anterior wall.

Seeking for the line of attachment between the intestines, I made an opening with my finger, and gave exit in this way to over two gallons of fibrinous pus. The adhesions between the intestines were freely broken up, and free exit thus given to the contents. Owing to the very firm adhesions between the thickened omentum and the intestines which lay beneath, it was found impossible to separate them. The effort made to accomplish this detached at one point the peritoneal layer of the bowel. The omentum was extremely vascular, and free hemorrhage occurred on section of it. At one point Monsel's solution and the hot iron failed to control the bleeding, which yielded finally to the application of a carbolized silk ligature, the ends of which were cut off close, when the ligatured portion was returned to the cavity of the abdomen. The parietal peritoneum could not be recognized as such, the entire inner suface of the abdominal wall being covered by a layer of lymph, measuring at least one-third of an inch in thickness.

The intestines were fastened together by dense bands of lymph, and their surfaces were also covered by dense layers. On making a section of the omentum, the normal fat tissue was found surrounded by layers of lymph one-half of an inch in thickness.

The abdominal cavity was cleansed by soft sponges and the wound closed by five iron-wire sutures, an opening being left at the lower part for the purpose of drainage. The dressing was completed by the application of a compress of cotton-wool and bandage, and the patient was placed in bed, and one-third of a grain of morphia given hypodermically. Complete recovery ensued.

The following remarks on the case were made by Dr. Mears:—When the character of the cyst is considered, the difficulties of the diagnosis in this case can be fully appreciated. The history distinctly pointed to the existence of a tumor originating in the right inguinal region, at first quite small and freely movable under the finger. The physical signs showed unmistakably the presence of a tumor containing fluid. The absence of resonance on percussion was caused by the thickened overlying omentum, and the thick purulent fluid in the cyst gave rise to quite well-marked fluctuation. Inferiorly, the walls of the cyst were so thickened by plastic deposits as to prevent the determination of its true nature by vaginal examination. The decline in the health of the patient during the last year might have been accounted for by suppuration in an ovarian cyst. It was no doubt caused by suppuration in the false cyst.

The question as to the proper treatment to be adopted in these cases is one of importance. The question relates rather to the method in which the proper treatment should be carried out, as I cannot conceive of any treatment leading to a successful result other than that which should promptly give exit to the purulent fluid and prevent its accumulation. This may be accomplished by tapping, or by incision, as practiced in this case. In those forms of encysted dropsy in which the fluid lies in front of the intestines, evacuation with the trocar can be obtained without danger. Where the cyst lies behind the intestines, tapping through the abdominal walls would involve the great danger of puncturing the intestines which compose in part the walls of the cyst. The question of the means to be employed in the after-treatment should, it seems to me, guide in the selection of the operation. The opening made by the trocar, large or small, does not give the free exit to the pus which is desirable, nor does it permit the free washing of the cavity so essential in interfering with the suppurative action.

As in empyema we are advised to make a free incision in order to accomplish evacuation of pus, so in these cases does it seem proper to perform the same operation, and to apply directly to the parts such remedies as will change the character of the surfaces involved.

Drainage of the abdominal cavity after ovariotomy has been practiced of late years with most decided success, and various methods have been employed to effect it. It has been accomplished by making an opening into the vagina, through Douglas' cul-de-sac, and through this carrying either a tent or a drainage tube. The tent and drainage tube have also been introduced into the cavity through the lower part of the abdominal wound. It seems to me that it could be effectually done by a properly constructed tube with a syringe attached, as an improvement on the means employed in this case.

Of the great importance of drainage after ovariotomy, in cases in which extensive adhesions have been separated, there can be no question.

After the reading of the paper, Dr. William Pepper said:—

Cases which may strictly be called encysted dropsy of the abdomen, though rare, are occasionally met with, either as a result of localized subacute peritonitis, or from the pseudo-cystic transformation undergone by large intra-peritoneal clots of blood. In such cases the seat of the fluid collection varies much. It may be within the fold of the great omentum, or in any segment of the abdominal cavity, being bounded partly by the surface of the adjacent viscera, and partly by the new formed wall of lymph or fibrin. In several of the cases which I have observed the cause of the attack has been a traumatic one. In one instance, a young lad of fifteen or sixteen years was knocked down by a car. Soon afterwards enlargement of the right side of the abdomen was noticed; and when he first came under observation there was a circumscribed mass occupying the right portion of the abdomen, which was greatly enlarged. There was distinct fluctuation on palpation. No diminution followed active sorbefacient treatment. A small trocar was introduced, and a considerable quantity of clear serum, and toward the close of the flow some grumous, bloody fluid escaped. The fluid partially reaccumulated, and the patient was again tapped, when a smaller amount of clear serum escaped, after which the enlargement did not return to any extent, and the mass remained, when the patient passed from under observation, as a doughy inelastic lump, about the size of a double fist. It would seem that in this case a large clot of blood had been effused, and that after the formation of a pseudo-cystic cavity by coagulation of the fibrin on the exterior, a slow transformation of the central parts of the clot, with serous accumulation, had occurred.

In a second case, a young boy was struck above the umbilicus. When first seen, some months afterwards, a circumscribed fluctuating mass could be detected, extending from above the umbilicus nearly up to the xiphoid cartilage. There was also circumscribed dullness on percussion. There were no evidences of suppuration. The collection was evidently not in the abdominal walls, but from its position and circumscribed character, seemed as though it might be in the fold of the greater omentum. Exploratory puncture was not permitted; and the patient, after improving under a prolonged course of iodide of potassium and repeated blistering, passed from under observation.

In a third case, a young carpenter was injured in the left side by a falling beam. In less than a month very great distention of the abdomen had appeared (the enlargement having begun on the left side, according to the patient's statement), and resisted internal treatment, so that paracentesis was subsequently performed, and over two gallons of clear serum were drawn off. When he came under my observation there was a considerable return of effusion, distinctly circumscribed in the left half of the abdomen; and there was also a coarse, creaking, peritoneal friction sound and fremitus on deep respiration, over the upper and right limits of the effusion. Continued purgation with elaterium caused quite rapid reduction in the amount of fluid.

In these cases the serous character of the fluid was probable enough. The fact that the effusion was circumscribed by false membranes, or in some of the normal folds of the peritoneum, was clearly demonstrated by the dullness on percussion, which did not vary with alterations in the position of the patient's body; and in two of the cases by the ability to limit the collection by careful palpation. It is seen, also, that while the fluid remains serous in character, it is amenable to the usual treatment for localized serous effusions. In the much more rare cases of circumscribed collections of pus in the peritoneal cavity, such as the extremely interesting one related by Dr. Mears, a different method of treatment is indicated—one looking to the free evacuation of the pus, and the drainage and cleansing of the cavity of the abscess until its walls are approximated.

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## IOWA UNION MEDICAL SOCIETY.

This Association convened at Lisbon, Iowa, on June 1st, 1875. Dr. G. L. Carhart, President, in the chair.

Upon motion of Dr. Edes, Drs. J. Dolan, M. Cook and W. T. Plumb were appointed a committee to investigate charges against Dr. Owen, of Marion, for violating the code of ethics, by preparing and selling secret medicines and advertising the same in newspapers, etc. Committee reported the charges sustained, and upon the call for the ayes and nays, Dr. Owen was expelled from the society.

Dr. Burd made an interesting report of a case of vesico-vaginal fistula following instrumental

delivery, and also of polypus of the uterus successfully removed. On motion of Dr. Skinner, the society tendered Dr. Burd a vote of thanks for his report.

Dr. Skinner, of Cedar Rapids, reported cases in which ext. of ergot and solution of ergotine had been used hypodermically with gratifying results in post-partum hemorrhage, menorrhagia, etc. Also the successful treatment of a fibroid tumor of the uterus by the same method.

Dr. Boyd gave an account of a case of hematuria treated successfully by means of large and often repeated injections of astringents and cold water.

Dr. H. Ristine read an able essay on "Conservatism in Surgery," giving a large number of statistics, and proving, by an array of figures, that the surgeon of to-day is much less destructive than those of former years, and many limbs are now saved that formerly would have been sacrificed to the knife.

Dr. Carhart gave an account of a case of gangrene which he thought might have been caused by the prolonged use of ergot.

Dr. J. R. Kinney reported cases of bronchocele and nasal polypus successfully treated by the hypodermic injection of iodine.

The secretary read a letter from Dr. A. Reynolds, of the insane hospital at Independence, regretting his inability to be present, and upon motion he was unanimously requested to be present at the next meeting of the society, with an essay on "Medical and Home Treatment of the Insane."

Also a letter from Dr. Keith, of Mathew's C. H., Va., enclosing some recipes from a dispensatory a century and a half old, that if not valuable in a scientific point of view, afforded no little amusement.

The annual election of officers resulted as follows:—

*President*—Dr. M. Merdith, Vinton.

*First Vice President*—Dr. J. S. Love, Springville.

*Second Vice President*—Dr. Carson, Mt. Vernon.

*Secretary*—Dr. Skinner, Cedar Rapids.

*Treasurer*—Dr. Carhart, Mt. Vernon.

# Editorial Department.

## Periscope.

### The Differential Diagnosis of Drunkenness.

Several cases of persons dying with apoplexy have recently been reported, who were supposed to be drunk. Professor George Johnson, of King's College, therefore, contributes the following article to the London *Medical Times and Gazette*:—

*Diagnosis.*—You are called to a patient in a state of insensibility; you know nothing of his previous history, except that he has been found unconscious in the street, and you are required to ascertain the cause of his alarming condition. You must first consider what are the *possible* causes of the symptoms. He may have a clot of blood in his brain, the result of disease or a blow on the head; he may be in that comatose condition which not unfrequently follows an epileptic fit; he may be poisoned by opium or by an excess of alcohol; or he may be suffering from the effects of uræmia.

Now, you will be less likely to make an erroneous diagnosis if you continually bear in mind that in some of these cases an accurate diagnosis is not only extremely difficult, but absolutely impossible, until the progress of the symptoms has been watched for a certain time. That the case is one of cerebral hemorrhage would be rendered probable by such symptoms as extreme relaxation or convulsive twitchings of the limbs on one side, lateral deviation of the features, or inequality of the pupils; but with hemorrhage on the *surface* of the brain none of these paralytic symptoms may be present. Marks of external injury, especially about the scalp, should be carefully looked for in every case. A black eye, or a bruised or cut scalp, may have resulted from a drunken man falling down, but the fall may have fractured his skull or ruptured a blood-vessel in the brain.

That the coma is a sequel of an epileptic fit might be suspected if it were found that the tongue is bitten and bleeding, and if there are homorrhagic spots beneath the conjunctivæ or the skin; though these signs are frequently absent in epileptic cases. Epileptic coma is usually of short duration, and the speedy return of consciousness removes any doubt that may have existed as to the nature of these cases.

In cases of poisoning by opium, one of the most striking and constant symptoms is extreme contraction of the pupils. The skin, too, is usually bathed in a profuse perspiration. With respect to the contraction of the pupils, it has been observed that in cases of apoplexy, with hemorrhage into the pons varolii, the pupils have been as much contracted as in opium-poisoning.

When the patient's breath is tainted by the odor of some alcoholic liquor, we, of course, suspect that he is drunk. It must not, however, be forgotten, that as a drunken man is especially liable to be seized with apoplexy, and to suffer from accidental mechanical injury in the streets

of a crowded city, so we may have to deal with the complication of alcoholic intoxication and cerebral hemorrhage on a fractured skull. It is a common practice to give brandy or some form of alcoholic stimulant to any one who has become faint or giddy, and so it may happen that an unconscious patient's breath is tainted with the odor of drink administered after the onset of an apoplectic seizure.

In cases of uræmic coma the urine is usually albuminous, and presents other physical and chemical signs of renal disease. Uræmic coma, in a large proportion of cases, is preceded by convulsions. The tongue is commonly brown and dry in these cases, and the breath has a most peculiar and characteristic fetor. Yet, even with all this evidence of renal disease, the case may not be one simply of uræmic coma; there may, in addition, be the complication of cerebral hemorrhage, which, as we know, is a frequent result of chronic Bright's disease.

The difficulty of diagnosis between renal disease and drunkenness is sometimes increased by the fact that the urine may be rendered temporarily albuminous by alcoholic intoxication. A remarkable case of transient alcoholic albuminuria occurred when my friend and colleague, Dr. Baxter, was house-physician to the hospital. A man between twenty and thirty years of age was brought in one night by the police. He was unconscious, and breathing stertorously. He appeared to be drunk, and a large quantity of vinous liquid was pumped out of his stomach. The unconsciousness continued, and it was then suspected that he might be suffering from uræmic poisoning. This suspicion was confirmed by the fact that his urine, drawn off by a catheter, was "loaded with albumen." He was then put into bed, cupped over the loins, and a purgative was given. When Dr. Baxter visited the ward the following morning, he found the man up and dressed, and clamoring for his discharge. He said that he had been very drunk over-night, but now he had nothing the matter with him; and he passed some urine, which was found to be in every respect quite normal. The temporary albuminuria was the result of renal congestion, caused by the excretion of an excess of alcohol through the kidneys.

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### Phimosis as a Cause of Insanity.

The following instructive case is reported by Dr. Sutherland, in the *British Medical Journal:*

A. J. K., aged 26; had been formerly a schoolmaster, but now devoted himself exclusively to the study of music, practicing on the piano or organ eight hours daily. On inquiry, it was found that he was obliged to give up the school, as he found he could not exercise authority or control over the boys. There was a slight loss of memory, and he had some difficulty in remembering his age. He stated that the symptoms first noticed were pains in the back, but was unable to say when they commenced. He had lately suffered from a sensation, in the occipital region, as if the skull were being depressed. He was a seven months' child, and did not walk until he was three years old. When an infant, he suffered from constant diarrhœa and prolapsus ani. He was always very excitable, but his excessive mental and bodily weakness prevented his following any regular occupation. He is passionately fond of music, and has overtaxed his strength by his studies. He had for the last six months been under the delusion that certain people had been following him about and making indecent gestures at him. He could not speak of these facts without bursting into tears and becoming hysterical. He believed that these people had done their best to prevent his getting a living. On inquiry, it was found that he was addicted to masturbation. This habit he attributed entirely to a state of irritation and itching which were constantly present in the penis. On examination, it was found that there was a condition of congenital phimosis, the secretion from the glandulæ Tysonii never having been cleared away. The case was treated temporarily with bromide of potassium and aperients, and partial circumcision was recommended. The operation was successfully performed; and, from a letter subsequently received, it appears that the habit has ceased.

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### The Operation for the Removal of the Tongue.

Mr. J. Annandale says, in the *British Medical Journal:*—

Let us consider the best method of operating for the removal of a half of or the whole tongue. When the disease is confined to the tip, it is best removed by drawing the tongue well out, and applying the *écraseur* or galvano-cautery behind the disease, so as to take it and a good margin of healthy texture away; but, when the half or whole tongue is to be excised, a more complete exposure of the organ is required. Various external incisions have been suggested and practiced in removal of the tongue. Incisions under the jaw, along the lower margin of the jaw, and through the cheeks, have all been practiced; but the best method, undoubtedly, for thoroughly bringing into view the tongue in this operation, is that used by the late Mr. Syme. This plan consists in making an incision through the centre of the lower lip, chin and upper part of the neck, as far as the hyoid bone, dividing the lower jaw through the symphysis, and drawing asunder the two halves of this bone, so as thoroughly to expose the tongue and its various connections to surrounding parts. Thus far I advocate Mr. Syme's proceeding; but, having well observed in his practice, in the practice of others, and in my own, the fatality of the operation when the tongue itself was severed with the knife, I no longer practice or advise the separation of the tongue by this method. Having had several opportunities of examining the causes of death after this operation when performed with the knife, I always found an unhealthy condition of the wound at the root of the tongue, with inflammation and suppuration of the veins connected with it, and also of the large veins of the

neck, and too evident signs of pyæmia or blood poisoning in other tissues and organs of the body. I am aware, also, that the separation of the tongue, or portions of it, by means of the *écraseur* or galvano-cautery, had proved more successful in the hands of other surgeons.

In consequence of these facts, I have, for the last four years, entirely given up the use of the knife in these operations, except to expose the organ after Mr. Syme's plan; and have performed the separation of the tongue by means of the *écraseur*, in the way you have witnessed in several cases lately. Should the disease be confined to a half of the organ, I split it along the middle line, as practiced by Dr. G. Buchanan, of Glasgow, and then apply the *écraseur* round the base of the diseased half, and so separate it. When the whole organ requires to be removed, I practice the same proceeding, first splitting the tongue as before, and then removing it with the *écraseur*, each half separately. By performing the operation in this way, I believe that the diseased organ can be more accurately taken away, so as to insure the entire removal of the disease; and that there is much less risk of dangerous absorption from the wound, owing to the drawing together of its surface, and consequent closure of the mouths of the divided veins by the action of the *écraseur*. It is generally necessary to cut across one or both anterior pillars of the fauces, so as to apply the chain of the *écraseur* as far back as possible. After the operation the halves of the jaws are securely wired together, a proceeding which allows the patient to use his jaws to a certain extent in masticating, and tends much to his comfort in every way. Should the patient be feeble, or unable to swallow readily, a tube or elastic catheter must be passed two or three times a day, and nourishing fluids, of which one of the best is milk, injected by it into the stomach.

### Hip and Knee-joint Diseases.

Some cases of these are given in the London *Medical Times and Gazette*, from the clinic of Mr. Mac Cormac, at St. Thomas' Hospital:—

Mr. Mac Cormac operates but seldom in cases of hip-joint disease in children; many cases doing well under general treatment, combined with rest and extension. In other cases an operation has seemed imperative on account of the drain on the patient's strength, by reason of the profuse discharge, and the irritation produced by the dead or carious bone in the joint cavity. Life may be thus sometimes preserved, but in only a small proportion does the limb prove a very serviceable one.

Case 1.—As an illustration of conservative or expectant treatment, the following is a good instance: Elizabeth W. was admitted under Mr. Mac Cormac's care, on November 25, 1873, with advanced disease in the left hip and incipient disease in the right. There were three sinuses communicating with the left joint, and an abscess, followed by a sinus communicating with the joint, took place subsequently on the right side. The child suffered greatly, especially at night—so much so, that an operation seemed urgently demanded, and would probably have been performed on the left hip had not the other been also involved in disease. Splints, with continuous extension, were applied to both sides, and the result of careful and protracted treatment was, that at the end of ten months the child was able to walk about; all the sinuses had healed, and she was dismissed to go to a convalescent hospital. She is now walking about.

Case 2.—William E., aged five, fell, some time before admission under Mr. Mac Cormac's care, injuring the hip. Admitted with clear evidence of acute suppuration in the joint. Excision was performed. Joint full of pus; the cartilages of encrustation completely removed; and the mutual pressure of the two exposed surfaces of bone had caused great suffering. Exactly a year after he was discharged; wound not quite healed, but patient was able to walk a little.

Case 3.—Mary Ann P., aged two years and a half, admitted August 7, 1873. Nine months prior to admission, injured left hip by falling out of bed. Six months subsequent to this, a swelling formed in region of hip joint. On admission, large abscess in upper and outer part of left thigh, eversion of limb, flattening of buttock, fullness in groin, pain in knee, child much emaciated. August 8: Vin. ferri, ʒij, ter die. 13th: Two ounces of pus withdrawn by aspirator, and twice subsequently pus withdrawn. October 16: Abscess tapped with trocar, and much thin pus evacuated. 20: Incision, and drainage-tube inserted. November 25: Exploratory incision three inches and a half long; head of femur extensively diseased. Transverse incision made, and head of femur removed. Carbolic oil dressing. 26th: Slept well; temperature 101°; wound looks healthy. The wound continued to look healthy, and the child free from pain. Sleeps well and temperature normal. February 21, 1874: Spiral leather splint; and patient discharged with limb in good position.

### Sterility from Anteflexion.

The following case is reported in the *British Medical Journal*, by Dr. H. Smith:—

E. S., aged 29, married six years, became an out-patient at the Hospital for Women, February 20th, 1871. The catamenia commenced at the age of 18; they were regular, with some pain generally before the flow. The passage of a thick sound before the period lessened the pain. She was admitted into the hospital on July 3d, 1871. The uterus was normal in size; a thick sound could be passed after some gradual pressure, and the constriction held the sound rather firmly. On July 13th Dr. Protheroe Smith's uterine dilator was used to half an inch. On the 17th the dilator was used to three-fourths of an inch, and the constriction at the internal os divided bilaterally with a straight knife, as well as the external os slightly, and a spring metallic (Greenhalgh's)

stem introduced. On the 19th the stem was extended half its length, with some forcing pains, and was replaced. On the 23d the patient was free from pain. A slight blood-stained discharge continued. On the 26th the stem was removed; and on July 31st the patient was discharged.

In April of the following year (1872) she was seen again. The external os was divided a little more freely, and the spring stem again introduced. It remained in altogether nearly three weeks. The patient continued under observation from that time, the thick sound being occasionally passed until conception took place, after the catamenia of November 13th, 1873, and she was delivered of a living female child on August 31st, 1874.

The above case is given in order to encourage practitioners not to lose sight of a case after operation for dilatation of stricture of the internal os, because pregnancy does not immediately follow, but to persevere, by the occasional passage of the thick sound, to maintain the cervical canal in a state of sufficient patency.

Moreover, it often happens that, for some time after forcible dilatation, there may exist some chronic irritation of the cervical mucous membrane, with or without granular inflammation of the labia uteri, which, giving rise to leucorrhœa of some form or other, may hinder impregnation. And here it may be well to insist on the necessity of not trusting to dilatation alone, whether by tents or by the introduction of graduated sounds, to enlarge the cervical canal. For if dilatation alone be had recourse to, its action is only temporary, for the uterine fibres are thereby merely stretched, as India-rubber might be, and, on the stretching force being intermitted, the cervix returns to its usual condition.

The dilatation must be associated with, and made subsequent to, incision of the canal. After incision of the cervical canal from within, which need not be extensive, dilatation then continues the incision with a slight rupture, and, this being kept from closing, the dilatation remains permanent. Many failures of this treatment are due to the external os being too freely divided, and being thereby rendered too patent; the act of imbibition is greatly interfered with, if not altogether prevented. The object to be gained is slightly to enlarge the cervical canal, and, at the same time, not to destroy the orifice of the uterus.

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**Antiphlogistic Method of Dressing Wounds.**

Mr. J. Hutchinson, F.R.C.S., writes to the *Lancet*:—

I have for some time past been employing a plan of dressing operation wounds which has been attended by unusually satisfactory results. Thus, in three successive cases of excision of the breast, the wound healed by first intention. In one of the best, not quite the whole of the gland was taken away, but as a number of glands were removed from the armpit the wound was of more than ordinary size. In this instance the woman left the hospital on the tenth day, with a sound linear cicatrix and in perfect health, there never having been any suppuration whatever. I have had many other cases of various kinds, in which the results were nearly as good as this, the union being either literally by first intention or practically such. The plan adopted is so simple, in a certain sense so well known, and, indeed, so old fashioned, that I have felt some reluctance to write about it. Several of my friends, however, who have obtained by it results quite as good as my own, have represented to me strongly that, as it is not in general use, it ought to be forthwith recommended. Hence my present communication.

The essential feature in the plan is to keep the parts cool by the systematic application of a lead and spirit lotion. The lotion consists of half an ounce of liquor plumbi and an ounce and a half of spirit to the pint. An ample fold of lint wet in this is applied to the skin over and around the wound, and emphatic directions are given to the nurse to remoisten it every quarter of an hour or every half hour, according to the rate at which it dries. The skin ought to become whitened by deposit of lead. The application is to be commenced from six to twelve hours after the operation, and from that date all bandages are to be put aside, and the lint kept simply laid on the part. It is to be continued without intermission until the wound is perfectly sound—a week, or two weeks, as the case may be. It is very agreeable to the patient, and gives nobody any trouble except the nurse. It is not desirable to wake the patient out of sleep, but during the night every suitable opportunity should be used for re-wetting the lint. If the plan fails, it will, in all probability, be from negligence in this matter.

The theory of the plan is, that by keeping the parts quite cool and saturating the tissues with lead, inflammation is prevented. It appears to have no risks, except that, if very thin skin flaps have been left, it may be possible to over-cool them and cause gangrene.

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**Atropia in Phlyctenular Corneitis.**

Mr. Haynes Walton says, in his late work on Diseases of the Eye:—

"A strong solution of sulphate of atropia, often applied to the conjunctiva, is the present fashionable application, under the idea that it diminishes intra-ocular pressure—a false supposition—and that it acts as a local anæsthetic to the corneal and the ciliary nerves, and relieves irritation—a statement not confirmed by my observation. I have discovered only the disadvantages of this alkaloid. Many persons are very obnoxious to its poisonous property, and show the effects in headache, burning sensation in the throat, sleepiness, restlessness, and rapid action of the heart. In other persons it produces immediate and intolerable irritation of the conjunctiva, and erysipelas of the eyelids and of the cheeks. In others, again, it is borne well for a time, but afterwards excites ir-

ritation of the conjunctiva and of the skin. The dilated pupil renders the eye still more sensitive to the light.

### The Causes of Stuttering.

The annexed remarks are made on this disease by Dr. J. Manley, in the *British Medical Journal*:—

Stuttering (*ânnonement*) is the embarrassment of speech produced by a slowness in the presentation and emission of letters, syllables and words: this delay being occasioned by a disturbance of memory. It is most frequently accompanied with another symptom, the intimate cause of which is the same, and which consists of the omission of words in writing, and of the misplaced insertion of unintelligible signs and hieroglyphs, and indistinct and irrelevant words in the middle of a sentence. In nearly all cases, the patient has very little or no consciousness of the symptoms; this is readily understood, as the lesions by which they are occasioned occupy the part of the brain which is the seat of intellect. The alterations inducing this disturbance of speech are hyperæmia, infiltration with blastema, with exudation, and recent embryoplastic productions, and softening, of the cortical layer of the anterior lobes of the brain. If the stuttering do not exist in the earlier stages in certain cases of paralysis of the insane, it is always to be observed at a later stage, until the patient presents that other sign of the deep alteration of the cortical layer, viz., impossibility of conversing, of expressing thoughts, of pronouncing comprehensible words; finally, muteness. At that moment, the embryoplastic deposits have begun to be transformed into fibrillary tissue, the atrophic consequences of which are known. The circonvolution of the island of Reil, and the three frontal superior convolutions, are the parts the lesions of which, as they are observed in general paralysis, may induce stuttering. As well as the frontal convolutions, the island of Reil is softened on its surface, its substance is infiltrated with a somewhat serous liquid; and microscopical examinations, made when it is recent, show that embryoplastic deposits are blended with the nervous elements, and that endarteritis and embryoplastic bodies exist in the perivascular spaces.

### On Nervous Headache.

Dr. W. H. Day writes, to the *Lancet*:—

There is another form of nervous headache happening to some women whose general health has been lowered by frequent child bearing, excessive catamenial discharges, or poverty and anxiety. In these people the sympathetic system is easily excited to disturbance, through original delicacy of constitution in some instances, or if the functions of digestion and assimilation are overtaxed the impression is conveyed to the sensorium by reflected irritation, and agonizing headache is the result. The top of the head is hot, the pupils contracted, and the pulse weak and usually slow. There is a sensation as though something was scratching or alive within the head. Days before the attack comes on the patient is irritable and fidgety, and cannot settle down to her ordinary pursuits and occupation. Everything puts her out; her reasoning is gone; she is frequently sick, and her stomach loathes the sight of food. Life is such a burden that she can scarcely trust herself to be alone. This form of headache is due to meningeal irritation, and does not affect the cerebral mass itself unless the pain and suffering do not yield to treatment, and then the whole cerebral tissue becomes involved, and irritability is exchanged for indifference and despair.

Bromide of ammonium given early in the morning, before rising, with sal-volatile, or small doses of iodide of potassium with the same aromatic stimulant, will have a good effect, whilst the general health requires attention in the intervals. Scruple doses of bromide of potassium in camphor mixture three times a day will give relief sometimes, when quinine and bark in every conceivable form have failed. When it can be procured, change of air and scene do much for these sufferers, by diverting the mind and introducing fresh interests and occupation.

### The Elastic Ligature in Anal Fistule.

The directions given by Mr. Allingham are as follows:—

He uses a solid india-rubber cord, and has devised a neat probe with a hook near its end, which can be projected after it has been passed through a fistula, so as to seize and carry a loop of india-rubber, either through the fistula or sinus or under a tumor. For the method he claims the following advantages:—

1. The operation is commonly painless, and the subsequent suffering, if any, is usually very slight.
2. There is greater rapidity of cure.
3. The patient need not keep his bed, nor even his room, but may go into the air, driving or walking in moderation.
4. Its peculiar applicability to delicate patients, and those who have a phthisical tendency.
5. It is bloodless.
6. There is a minimum amount of suppuration.
7. The ligature is often very advantageous as a supplement to the knife.
8. There is usually no anæsthetic required.

This sounds well, still his conclusion is moderate and sensible:—

"I do not consider the elastic ligature can ever supplant the knife in the treatment of fistulous sinuses. In complicated cases the knife must be depended upon mainly; but I am of opinion that the india-rubber is valuable in many cases as a substitute, and in others as an auxiliary, to the usually employed method of excision."

THE

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## REASONING IN MEDICINE.

### IV. Means and Averages.

Nearly all physiological and therapeutical results are obtained by studying one or several series of observations, so as to arrive at a standard of probable value applicable to any one instance. The varying conditions of life and disease prevent actual certainty being attained, so the most we can do is to establish a high degree of *probability*. This is done by taking the mean of a number of observations.

The mean here employed is known as the "arithmetical mean," and it is defined to be a number such that the sum of the differences of those numbers which are greater than it equals the sum of the differences of those which are less than it. It is usually obtained by adding the different members of the series together and dividing their sum by the number of the members. In medical observations, the mean usually represents the probable value of a variable quantity determined under mean conditions. For example, suppose the mean of a number of observations on the quantity of the urine passed in health gives 1500 cubic centimetres; this is not the value of a fixed, but of a variable quantity, and exactly this amount would probably not be passed on any one day.

By what rule, now, shall we guide ourselves in comparing two or more discrepant series of observations, as we are constantly obliged to do? What canon can we set up to exclude those series where extraneous agencies have been at work? Suppose we are aiming to ascertain the amount of increase of the urine by the use of a particular drug. Several series of observations give us a certain average. But one series departs widely from this average. When are we justified in throwing it out as probably the effect of extraneous causes foreign to our investigation? Competent mathematicians say this can be done with a high degree of probability when the mean of this series differs from the mean of the remaining series by a quantity which exceeds the *mean fluctuations* of this latter series; and it can be done with great certainty when its mean differs from the mean of the remaining series by a quantity greater than the *maximum fluctuation* of the latter series. Suppose all but one of a number of statistical tables gives the average mortality of infant life at 25 per cent.; the greatest mortality at 35 per cent.; but this one table gives an average of 40 per cent. Here the latter mean exceeds the maximum fluctuation of the former series, and should not be included with them, as it is certain that unusual and peculiar causes were here operative.

Every observation, as we have stated, of the nature here alluded to is tainted by error in some degree, as it always differs from the mean. The extent of this error can, however, be approximately ascertained by a mathematical rule. This rule is: find the difference between this assumed mean and each observation; square these differences; take their arithmetic mean,

and its square root is the mean error. In a series 1, 5, 6, 8, the mean is 4; the differences between this mean and each member are, respectively, 3, 1, 2, 4; their squares are 9, 1, 4, 16; the mean of these squares is 7.5; its square root is 2.2 nearly, the limit of possible error. Of course, the more numerous the observations inside the fluctuations here given, the less the range of error becomes; and, finally, as in the tables of expectation of life, it practically vanishes altogether. This is the substantial value of the numerical method.

Of course, this method does not control the accuracy of the observations; that is assumed. Its value lies in weighing what the observations disclose.

A frequent error in obtaining averages arises from a neglect of the laws of *multiple proportion*. When a plurality of causes co-operate to an effect, a mean must be established for each of these, and the full bearing of each be allowed. For example, Dr. Beard, in his theories of the relation of mental work to age, states that twenty-five per cent. more of the mental products of the race have been produced by individuals below forty years of age. He, therefore, sets the period of commencing cerebral decay at about forty. But he entirely overlooks the numerical decrease of workers by death after this age. The correct proportion is a double one. Assuming his statement to be true, we have the proportion 125 : 100 representing the work done from 20 to 40, and that done from 40 to 60. But the average number living between 40 and 60 is, to the average number living between 20 and 40, in the proportion 54 : 35, according to census statistics. The multiple proportion, therefore, is $\left.\begin{matrix}125 : 100\\ 35 : 54\end{matrix}\right\} :: 1 : x$, where 1 represents the mental power of the younger workers, and x that of the older. Solved by the familiar rules for multiple proportion, this gives for x the value 1.92, which, so far from substantiating Dr. Beard's theory, actually overthrows it, showing the mental activity after 40 is greater.

Again, it has been said that the native American population is dying out in the United States; and to prove it, it has been shown that the births in foreign-born families exceed those in native families about in the proportion 7 : 5. But this is far from proving the point, as it has also been shown that the infant mortality is much higher among the children of foreign than of native parents; and as the continuance of population depends on the number surviving until puberty, if this shall prove to be in favor of the native families in the proportion 7 : 5, then the disparity of births will be entirely annulled by the greater viability of the offspring.

Frequently, not merely two, but quite a number of considerations of this character enter into the solution of a sanitary or statistical problem. Every one must be taken cognizance of, its independent bearing on the result estimated, and then this be combined with others, under the mathematical laws of multiple proportion.

## Notes and Comments.

### Cerebral Rheumatism.

Dr. Bouchut, in a communication to the Académie des Sciences, observes that the displacement of acute articular rheumatism, termed cerebral rheumatism, or rheumatic meningitis, is a very grave affection, induced by a considerable venous stasis in the membranes of the brain, and an opaline infiltration of the pia mater, caused by numerous leucocytes. The ophthalmoscope exhibits a serous infiltration of the papilla and neighboring parts of the retina, and a dilatation of the veins of the retina, representing similar alterations in the pia mater and brain. The affection is accompanied by more or less violent delirium, followed by coma and asphyxia, which sometimes comes on very rapidly, so that death may ensue in a few hours. In three cases of this kind a cure was effected by taking from three to six grammes of chloral, either at once, or in two doses soon after each other.

### Is Fornication a Proper Therapeutic Measure.

We have been at times profoundly astonished and shocked, to hear physicians recommend fornication as a proper measure to correct self-

abuse. To such we commend the following passage from a late lecture, by Sir James Paget, speaking of the distressing apprehension which male patients sometimes suffer from irregularities of the genital functions: "To all alike you may try to teach a judicious carelessness about these things, a state of mind which would be an inestimable blessing to many besides these sexual hypochondriacs. Many of your patients will ask you about sexual intercourse, and some will expect you to prescribe fornication. I would just as soon prescribe theft, or lying, or anything else that God has forbidden. If men will practice fornication or uncleanness, it must be of their own choice, and on their sole responsibility. We are not to advise that which is morally wrong, even if we have some reason to believe that a patient's health would be better for the wrong-doing. But in the case before us—and I can imagine none in which I should think differently—there is not ground enough for so much as raising a question about wrong-doing. Chastity does no harm to mind or body; its discipline is excellent; marriage can be safely waited for; and, among the many nervous and hypochondriacal patients who have talked to me about fornication, I have never heard one say he was better or happier after it."

### Diet in the Arctics.

The scheme of diet set forth for the English Arctic Expedition offers several points of interest. It was projected by Dr. Colan, the Senior Surgeon, and has been much praised.

The staple food during the sledging excursions is one or other form of pemmican. Pemmican consists of fine Scotch beef, with no fat, so carefully kiln-dried that no gravy drops from it. It is then mixed with suet, dried again, put between millstones, ground to powder, and made into fifty-six pound cakes, for convenient use. (These cakes were, in former expeditions, made of such a shape that if found by bears they were speedily opened and their contents disposed of, but as an oblong form, devoid of corners, is adopted in the present case, it is presumed that the meat may be left unguarded with impunity.) Each man is allowed one pound of pemmican per day (which is equal to three pounds of Scotch beef and some suet) and half a pound of bacon preserved in suet. Breakfast consists of a certain proportion of the above, with tea or cocoa, heated by means of stearine in a very ingeniously-constructed portable kettle, coated with duffle or "fearnought," and which also heats at the same time the water supplied to the men for their bottles. This is the only warm drink procurable during the day. Rum is carried in the sledge, but, although supplied 40° over proof, it frequently becomes, in severe weather, as thick as treacle, and, as Dr. Colan aptly put it, is then little better than cold poison. The ordinary biscuit is carried in tins covered with india-rubber, and the ration is fifteen ounces. Although the foregoing notes on diet refer almost exclusively to the plan adopted during sledging work, we may here complete the notes on diet by recording that on board ship fresh (preserved) meats will be given alternately with salt meat, preserved vegetables, baked bread alternately with biscuit, desiccated cabbage, onion powder and garlic, a ration of rum, two ounces of Edwards' preserved potatoes, and one ounce of lime-juice, which last is to be given regularly immediately after the last issue of fresh provisions. Arrangements have been made for the manufacture of beer on board when the stores are spent, and some of this will occasionally be given to the men. The value of the "Pemmican" scale of diet is obvious when we record that eight men can take a sledge away furnished with provisions for seven weeks, as well as with tent and cooking utensils; and the specially excellent physique of the men is sufficiently indicated when we say that they are supposed to be equal to pulling two hundred and fifty pounds each from ten to fifteen miles, for several weeks together, this weight being, however, reduced at the end of the journey to about eighty pounds each, in consequence of the consumption of provisions.

### Alcohol and Tuberculosis.

A physician of Rouen, Dr. Leudet, in some recently published clinical lectures, positively states, as the result of his experience, that the abuse of alcohol does not influence ("ne provoque pas") the development of pulmonary tuberculosis; that phthisis is rare among drunkards; that miliary tubercle is not more frequent among drunkards than among others, and that they do not succumb to its ravages more rapidly than others. Thus, in so far, confirming the results recorded by Dr. Bowditch, in the Fourth Annual Report of the Massachusetts Board of Health, where he states, that of 210 medical men who were asked—Question

sixth, Is consumption prevented by the drunkenness of an individual? 21·9 per cent. declined to answer, 8 09 per cent. doubted, 53·8 per cent. answered in the negative, 12·86 per cent. answered "Yes," and 3 per cent. stated that drunkenness retarded the progress of consumption. In reference to these replies, Dr. Bowditch says, "In the present state of public opinion in regard to the use of intoxicating drink, it requires some moral courage to say anything in favor of alcohol. To declare that it sometimes seems to save the drunkard from the consumption to which he is hereditarily predisposed, requires not only moral courage, but a sincere conviction of the truth of the assertion."

### Russian Method of Preparing Koumiss.

The following, according to the *American Journal of Pharmacy*, is the Russian plan of making koumiss:—

The ferment is made by mixing two teacupfuls of wheat-flour dough, two spoonfuls of millet-flour, one spoonful of honey, one of good beer yeast and sufficient milk to form a not too thin paste, which is put in a moderately-warm place to ferment. This ferment is now put in a linen bag, and hung in a jar or keg containing sixteen pounds fresh mare's milk; cover and let stand till the milk has acquired a pleasant acidulous taste (about 16–24 hours, according to the temperature). The butter and cheese particles, which float about, are now skimmed, the liquid is poured into another keg and shaken for one hour, after which time it is filled into bottles, corked and put in the cellar. A "cure" requires twelve to fifteen pounds of milk daily (two mares), and the best season is from May to July. The koumiss is taken early in the morning, every half or one hour (a teacup to a tumblerful at a time) and plenty of exercise.

### New Method of Cataract Extraction.

Not long since, at a scientific meeting in Paris, Dr. de Wecker presented a paper on a New Method of Operating for Cataract, which consists of extraction through an opening effected in the cornea, at its junction with the sclerotic, to which he has given the name of "extraction à lambeau périphérique." After having enumerated the drawbacks of the old classical method of Daviel, M. de Wecker, in order to obviate the frequent insuccesses resulting from Daviel's operation, proposes the following method in its place. 1. After having fixed the eye with a forceps, near the middle of the internal edge of the cornea, the upper third of this membrane is detached by an incision at its junction with the sclerotic. 2. The lens is removed without enlarging the pupil. 3. Hernia of the iris is prevented by instilling into the eye a solution of the neutral sulphate of esserine (five *centigrammes* to ten *grammes*). These instillations cause a considerable degree of myosis, which lasts more than twenty-four hours, which is considered sufficient for the healing of the wound; the surgeon may then have recourse to mydriatics, if necessary, without detriment to the iris.

### Extirpation of the Larynx.

Another instance of this has been performed by Professor Bottini, of Novara (*Gaz. Med. di Torino*, No. 10, 1875). The patient is a healthy young man, who, on account of dyspnœa, had already had laryngotomy and galvanic cauterization of the larynx performed. The operation lasted ninety minutes, and left the patient much exhausted. He was, however, revived by injection of beef-tea and wine. It was found that the larynx was quite obstructed by a grayish-red tumor. In spite of an attack of erysipelas and a series of abscesses, the man gradually improved, regained the power of deglutition, and was able to cough, breathe, and sleep well. The wound has healed up, and the case, save future accidents, may be looked upon as successful.

### On Germs and Ferments.

In a discussion at the Paris Academy, M. Dumas, the eminent chemist, took part. It is known that there exists a difference between ferments endowed with life and those consisting of an unorganized nitrogenous substance. It is to the latter that M. Dumas applied the characteristic term of "ferments non-reproductibles." However, it is not always easy, with reference to certain transformations, to determine, even with the aid of the microscope, whether these have been the result of the intervention of organized beings or not. In a chemico-physiological point of view, it would be interesting to distinguish these two orders of phenomena confounded under the term "fermentations." According to M. Wurtz, who addressed the Academy on the subject, it would be easy to establish the distinction by means of chloroform.

For instance, M. Wurtz has shown that milk, wine, cane-sugar, flesh, gelatine, placed in contact with a certain quantity of chloroform, are perfectly preserved for an indefinite period, without undergoing fermentation, or giving rise to the production of any living being, whether animal or vegetable. On chemical fermentations, on the contrary, chloroform seems to have no effect, whether in preventing or retarding these processes, such as take place in the germination of barley, mustard-meal, etc. In this discovery, through the means of chloroform, it would be possible to ascertain whether one had to do with fermentation of a chemical or physiological order. If this be true, it may be foreseen that certain points in the study of virulent affections which are still involved in obscurity may be some day elucidated.

### The Eucalyptus Globulus.

We are not without hope that the Eucalyptus will redeem its reputation. Dr. Cosson recently announced that its effect in Algeria has been very marked. Since the growth of plantations of this tree around the lake of Fezzara, the malaria, which formerly was intense, has almost disappeared.

The village of Ain Mokra, according to Captain Ney, furnishes an equally striking instance. The station was formerly so unhealthy that it was necessary to change the French garrison every five days, on account of the number of men attacked. Fever has, however, become much more rare since plantations of eucalyptus globulus have been made on the shores of the lake and the sides of the railway, which include, altogether, 60,000 trees. A writer in the Paris *Temps* mentions a still more singular effect, namely, that parasites (phylloxera, etc.) disappear from vines growing near the eucalyptus. The experiment, made during several years and in several vineyards, has been uniform in its result.

It is interesting, in connection with these facts, to observe that the leaves of this plant contain an ethereal oil, of which even half-dried leaves contain 6 per cent., and that this oil, according to Gimbert, is a very powerful antiseptic. It will preserve blood and pus as long as carbolic acid (five months and more), and far longer than oil of turpentine. It prevents also the appearance of fungi or vibrios. These observations have received independent confirmation from Binz, in Germany.

## Correspondence.

### Pseudo-Cyesis Mistaken for Pregnancy.

Ed. Med. and Surg. Reporter:—

The following case being of a novel character, and as such cases are rarely seen in the lifetime of a practitioner, it may be of some interest to the many readers of your journal.

I was called to see Mrs. W., February 15th, supposed to be in labor with her first child. This lady was very desirous of becoming a mother, having been married for six years. She had engaged her doctor in the early months of pregnancy, and made all necessary arrangements for her confinement, in the way of baby clothes, etc. Her family physician being sick, I was sent for. Arriving at the house, I found my patient, to all appearances, in the last stage of labor; the pains were strong, bearing down, and lasted for some minutes. I supposed, from the character of the pains, that the child would be born in a few minutes. I proceeded to make my examination, waiting for the next pain. I found the os and cervix uteri small and movable, with a slight retroversion; on examination of the abdomen, found pouting of the umbilicus, and distended to the size of a nine months' pregnancy; on percussion, tympanitic. So I had clearly a case of spurious pregnancy, with all the pains of a true pregnancy; the mammæ swelled; the areolæ were darkened in color, and extended, with a milky or milk-like exudation from the nipple. Mrs. W. says that she felt distinctly the motions of the child in utero. That she had morning sickness for four months; in fact, she had all the sickness of a natural pregnancy. To satisfy the husband and the patient's mother, I placed the patient under the influence of ether; the tense abdominal muscles became perfectly relaxed, and on pressing the abdomen, I found that the walls would give way before my hand, and sink backward, till I could feel the spinal column distinctly. Grasping the uterus in my hand, I found it to be of normal size. After convincing the husband and Mrs. W's. mother that my patient was not pregnant, I left the house and returned to see her on the following day, and found the long-looked for child had disappeared in a puff, and the abdomen had assumed its natural size.

*Remarks.*—This is the first case of the kind that I have treated, in a practice of several years. My experience is that the disease is a rare one in this country. Simpson, in his work on "Diseases of Women," says that it is of frequent occurrence, both in the married and unmarried. Montgomery says, in his work "On the Signs and Symptoms of Pregnancy," that it occurs most frequently at the climacteric period, when the catamenial discharges cease to appear, and when the female constitution seems to become more liable to be affected by morbific influences. Simpson says the disease occurs, at least, as often during the first years after marriage

as at any later period. He also believes that the cause depends on some affection of the diaphragm, which is thrown into a state of contraction, and pushes the bowels downward into the abdominal cavity. Yours truly,

RUFUS K. HINTON, M. D.
1406 *South Eighth St., Philadelphia.*

### Effects of Iodide of Potassium.

ED. MED. AND SURG. REPORTER:—

In No. 960 of your journal, in "Queries and Replies," it is stated that there is no evidence that potass. iodid. will salivate non-mercurialized constitutions. For the benefit of Dr. M. S., of Mo., as well as for any one interested, permit me to state that quite recently a negro came under my charge, having symptoms, as I took it, of secondary syphilis, and though he disclaimed all knowledge of having had this disease, and positively denied having had any venereal trouble at any time, I concluded to put him upon the above treatment. I did not see the patient for some days thereafter, but accidentally met, in the meantime, Prof. R——, to whom I mentioned my case, more likely, perhaps, because he had been my preceptor. As soon as he heard me state the name of the patient and my plan of treatment, he condemned me severely; for, he said, it was uncalled for, as the man had for a long time received medical attention from him; he knew all about the case and the history of the patient; had known his parents, etc., and would vouch that he had never had any venereal trouble; said that the man was reliable in all his statements, that I could depend on what he said. Upon several occasions after this conversation, I questioned the patient as to his having used mercury in any of its forms. Said he had never been sick before he came under Prof. R.'s charge; had never used any medicine.

Now, sir, with this statement, confirmed by Prof. R., I am satisfied that the ptyalism which resulted was produced by the xv-grain doses of the iodide of potass., ter die, for two days, and not by rendering active the latent mercury in the body.

I remain, very respectfully,
*Lancaster, O.* E. H. JACKSON, M. D.

[Possibly the patient had taken calomel when young.—EDITOR.]

ED. MED. AND SURG. REPORTER:—

In your Journal of the 24th July, to the question, "Will the prolonged use of Potassium Iodide loosen the Teeth?" You reply, "that it may, by rendering active the effects of mercury latent in the system," but not otherwise. In answer, I will add, that it will salivate occasionally, render the gums spongy, and loosen the teeth. I have a vigorous lady patient, who, at the age of thirty-two, had never taken any mercurial medicine, who was badly salivated with two-grain doses of iodide potassium, taken only for a short time, for an enlarged cervical gland: and last year, at the age of thirty-eight, was salivated, gums made spongy, and all of her teeth so loose that she feared their loss, by taking one grain dose of prot. iod. ferri, in dragées, for about a week. A single dose taken one day, lately, caused her gums to feel so unpleasant, and the taste so disagreeable, that she could not be persuaded to use the medicine longer.

EDW. VANDERPOOL.

## NEWS AND MISCELLANY.

### U. S. Marine Hospital Orders.

Surgeon Orsamus Smith, transferred from Louisville, Ky., to Mobile, Ala., August 4th. Surgeon Smith is directed to open the Marine Hospital at that port as a Government Hospital Class I.

Assistant Surgeon Henry E. Muhlenberg, Jr., relieved from temporary duty at Chelsea, Mass., and assigned to Philadelphia, Pa.

Assistant Surgeon Samuel Q. Robinson (passed the Board of Medical Examiners July 20–25), appointed Assistant Surgeon July 29th, and assigned to duty at Chelsea, Mass., July 31.

Assistant Surgeon Edmund J. Doering (passed the Board of Medical Examiners July 20–25), appointed Assistant Surgeon July 29th, and assigned to duty at San Francisco, Cal., July 31.

Hospital Interne, W. R. Chipman, appointed and assigned to duty at Chelsea, Mass., July 30.

### The Cholera.

We read, under date,

LONDON, August 7th.—The Secretary of the Universal Alliance, in a letter to the *Times*, says: "According to accounts from Damascus to the 22d of July, the cholera was raging there. Four hundred cases were reported daily, but the real number was concealed. The Christian quarter of the place is deserted. Sudden deaths occur in the streets of the city. There are no physicians, medicines or supplies for the treatment of sufferers.

"The disease is also bad at Antioch, Deer Hems, Haenah Hauran and Salihijah, and among the Druses. The mission schools are closed, and the children have dispersed."

### Yellow Fever.

Some one having reported that there was yellow fever in Jacksonville, Florida, the Council of that city passed a resolution, August 8th, setting forth the opinion of the County Medical Society "that there has not been, nor is there now, any case of yellow fever, or any disease resembling it," in their midst. A similar denial of the presence of the pest was made for Savanah, Georgia, by the Mayor and medical authorities of that city. There have been few new cases at Fort Barrancas, and but two or three at New Orleans.

### Sausage Poisoning.

Some curious cases of poisoning from eating sausages occurred in this city last week. One child and a dog died, and a number of children were sickened. At the inquest the following testimony was presented:—

Dr. F. F. Maury, the Coroner's physician, testified that he made a post-mortem examination on the body of the deceased, at his late residence. He found the pupils of the eyes dilated, and there was great pallor of the face; the abdomen was distended by gas; the intestines were pale and the brain was congested. The stomach and intestines were taken to Dr. Henry Leffman, of Jefferson College, who reported that he had made a chemical examination of them, as well as of the sausage, which was also sent to him, and also the remains of a dog, poisoned by eating some of the sausage. The examination of the sausage and of the contents of the boy's stomach, and also the vomited matter, failed to show the presence of any metallic poisons. A close examination of the child's stomach, however, showed the presence of a large amount of deep green mouldy meat, which proved that the sausage partaken of by the child was greatly spoiled and decomposed. The stomach of the dog was found filled with well chewed food, and was not inflamed, and the viscera was normal.

The opinion was given that the violent symptoms that have been produced by the article eaten are not due to the introduction of any of the common poisons, but to the peculiar decomposition which they have undergone. Articles of food of a complex nature are liable to undergo chemical changes of an obscure nature, by which they acquire specific and virulent poisonous properties. The various authorities on toxicology give numerous instances where ordinary food, such as fish, cheese, rice, pastry, etc., acquires irritant or acrid properties, but give no methods of chemical examination, save the negative method of establishing the absence of the ordinary poisons.

Dr. Maury then read an article from Wharton and Stille, showing that since 1800 no less than 400 deaths have taken place in Wurtemburg, from eating blood puddings and sausages. It was Dr. Maury's opinion that death was the result of eating foul or decomposed sausage containing a poisonous substance.

Dr. Henry Leffman testified that within a short time eleven persons have been poisoned at a boarding house, in this city, by eating cream puff, where there was no distinct poison, but which was accounted for by the condition of the eggs, which were not fresh.

James A. McCaulley, M. D., testified that on Thursday afternoon last he was called in to see the deceased and other children who were sick; they had all partaken of the sausage; they were breathing freely, pupils were dilated, finger nails were perfectly blue, their tongues were normal, except being dry; there was no evidence of mineral poison.

### Anti-Vaccination Efforts.

When the good people of Montreal do not like an ordinance, they do not make speeches, but go into the Council halls, or assemble outside, yell and shout at the members, and occasionally, by way of variety, send a volley of paving stones through the windows.

These demonstrations were the result of the passage of an ordinance compelling all persons who had not already undergone the operation to be vaccinated. The upshot of the matter was that the action upon the obnoxious ordinance was postponed for six months; the final vote being considerably hastened by a fresh volley of boulders.

### Personal.

—Dr. A. Hurd, of Findlay, Ohio, has been appointed by the Northwestern Ohio Medical Association, to collect facts on Milk Sickness. He will send a circular containing queries to any physician having facts to communicate. We ask such to aid his efforts by addressing him.

## QUERIES AND REPLIES.

Mr. Editor:—A married lady, of wealth and refinement, age 52, with no hereditary or acquired disease, has had a severe pain in the end of her spine for over a year, increased by sitting, slightly relieved in walking; is awoke during the night by the severity of the pain. On examination of the spine I find no redness, and that I can make firm pressure, both upward and inward, without causing pain. I have used Belladonna Plasters and steaming, with but slight temporary relief. F. L. B.

*Dr. J. E. L., of Indiana.*—The difference between chloral hydrate and croton chloral is, that the latter is formed by the action of chlorine on allyl; the former by chlorine on alcohol.

*Dr. F. R., of W. Tenn.*—1. In stricture the surgical maxim is, "dilate when you can; when you can't, tear." 2. Entire abstention from the use of tobacco is not essential, only moderation in its consumption. Ten to fifteen cigars a day is anything but moderation.

*Dr. O. A. D., of N. Y.*—We believe the instruments made by the manufacturer you mention to be as good as any to be had in the market at the same price.

## BIRTHS.

Coblin.—Born, to the wife of Dr. W. T. Coblin, Turner's Station, Kentucky, August 3d, 1875, a boy, Reuben Mussy.

## DEATHS.

Oswald.—On the 1st of August, 1875, near Holly Springs, Mississippi, of heart disease, Doctor John Oswald, in the 67th year of his age.

Dr. Oswald was a graduate of the Baltimore School of Medicine; a native of Maryland. He successfully practiced his profession for more than thirty years, in Alabama and Mississippi.

THE

# MEDICAL AND SURGICAL REPORTER.

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## Original Department.

### Communications.

### CATARRHAL AND PURULENT OPHTHALMIA.

BY MARTIN F. COOMES, M.D.,

Assistant to the Chair of Ophthalmology and Otology in the Hospital College of Medicine, Louisville, Kentucky.

Read before the Louisville Academy of Medicine, July 9th, 1875, and published by request.

In bringing this subject before the Academy, it is not my intention to go so much into the details of the pathology and causation of the various forms of catarrhal and purulent diseases of the conjunctiva, as to elucidate some important points in regard to the treatment, which it is hoped may be of particular benefit to the general practitioner who cannot devote his time to the details of specialism.

The various forms may be classified as follows: catarrhal, muco-purulent and purulent. The first of these is characterized by a hyperæmic condition of the conjunctiva, along with hypersecretion of tears and mucus, with a feeling as if sand were lodged beneath the lids. This is purely catarrhal; there is no pus secreted in this form of the disease, and consequently there can be no contagion. Muco-purulent, the next in the scale, has, in addition to the discharge of mucus and tears, a small quantity of pus which renders the disease contagious. The other symptoms are the same as those of simple catarrhal ophthalmia, only in a more aggravated form. Next comes the purulent, in which the discharge is entirely purulent and much more contagious than the muco-purulent. In addition to the other symptoms of muco-purulent, which are much more aggravated than in either of the above, we often have considerable photophobia and great chemosis, with an œdematous condition of the lids. It is sometimes called contagious or Egyptian ophthalmia. There has been an attempt made by many to distinguish between this and the purulent discharge from the conjunctiva caused by gonorrhœal infection. I have no hesitation in asserting that it is utterly impossible to distinguish the one from the other, as met in practice. The only assurance that a purulent discharge from the conjunctiva is gonorrhœal, is to know that the gonorrhœal matter was put into the eye. The violence which some have set forth as a diagnostic point, is of no importance; for I have seen the lids so œdematous, and such chemosis, that the cornea was almost obscured; while the discharge was so profuse, that in the short period of twenty minutes there would be half a drachm of pus accumulated in each eye.

I am positive that there was no true gonorrhœal infection about these cases; and so it is with all others; to speak of the differentiation, is only a waste of time and an absurdity. Admitting that the differential diagnosis could be made, there would be nothing gained, since the treatment in either case would be the same. As to the causes which produce these forms of conjunctival inflammation, they are not numerous, as some would have us believe.

Malaria, in my opinion, is the most common cause of these troubles. This is made manifest by the marked improvement which occurs in those cases when quinine is administered. The termination of the various forms of conjunctival

diseases under consideration are favorable where the proper plan of treatment is pursued; while, on the other hand, if not treated in the proper manner, one half the patients may be left totally blind, or have vision impaired to such an extent as to render them incapable of pursuing any ordinary occupation. The ninety cases which occurred in my practice during the past year, I think, illustrate the good effects of treatment without the nitrate of silver. Of this number, seven were of the most violent type, attended with great chemosis and tumefaction of the lids; eleven were purulent at the outset, but less violent in type; fifty-four were of the mixed or muco purulent form, more or less associated with blepharitis papillaris; eighteen had the simple catarrhal conjunctivitis, without complication or sequelæ. Marginal ulcers occurred in four of the purulent cases and thirteen of the muco-purulent. In none of the cases did the ulcers perforate. Seventy-four out of the ninety cases had well marked periodical attacks of headache, thirst and general languor, which was promptly relieved by full doses of quinine. Constipation was present more or less in all the cases. The subjects ranged from one week to fifteen years of age, and were most all affected with enlarged lymphatics, chronic otorrhœa, or showed other evidences of strumous taint. The treatment in the purulent cases consisted in the frequent cleansing with warm water and collyria of alum, two grains to the ounce of water. After the discharge began to be diminished in quantity, a solution of cupri sulph., varying from ten grains to a saturated solution, was used, as the cases seemed to require the weaker or stronger solution. This was applied to the everted lid once every two or three days.

I occasionally used tannin, in solution or powder; the strength of the solutions used varied from three to ten grains to the ounce of water, from which much benefit was derived. In eight of the muco-purulent cases the palpebral conjunctiva presented a succulent appearance, and bled freely at the slightest touch. In these cases the white powder, composed of equal parts of calomel and white sugar, rubbed to an impalpable powder, and dusted over the surface of the everted lid, acted most efficaciously.

The early stages of the catarrhal and milder forms of the mixed type were treated chiefly with a ten-grain solution of borax in camphor water, applied every hour or two. In the later stages astringents were used. In no case was the nitrate of silver used, and I think no one can claim better results.

Out of the whole ninety cases, notwithstanding the presence of corneal ulcers in seventeen, and the tainted constitutions of nearly every one of them, there has not resulted even the slightest impairment of vision. This is certainly a strong argument against the caustic treatment so highly lauded by most all the German and some eminent British writers. German and British practitioners and writers are not the only ones who follow this heroic plan of treatment. Right in our midst there are men who think nothing of applying a forty-grain solution of nitrate of silver to the everted lids. I feel that I am perfectly justified in saying that such practice is outrageous, and deserves the severest condemnation. Within the last two months I have seen two patients that had been treated with solutions of nitrate of silver, and in both instances vision was so much impaired as to render the patient in either case almost totally blind. One of them was a beautiful babe, whose cornea had sloughed and been left opaque in almost every portion, with the conjunctiva almost an olive green. Now tell me where is the propriety of such treatment? tell me who is responsible for the loss of vision in either of the above cases? I have no hesitation in saying that those who ordered or applied the solutions of the nitrate of silver are wholly responsible for the damage done in both cases. A few statistics will show that such a plan of treatment is unwarrantable, and that there can be no excuse given for following such practice when other modes of treatment yield such brilliant results.

"Any one who will read the accounts given by McGregor Vetch, and others, of the prevalence of muco-purulent ophthalmia in Great Britain after the return of the army from Egypt, in 1800, cannot fail to recognize the influence the treatment had in determining results. In 1804, when nitrate of silver was little used, and then in a weak solution only, there was less fatality than in 1806, when nitrate of silver was used in very strong solution. In the Second Battalion of the Fifty-second Regiment, numbering about seven hundred men, there were six hundred and thirty-six cases, including relapses, from August, 1805, to August, 1806. Of these, fifty were dismissed with the loss of both eyes, and forty with that of one. The returns

of Chelsea and Kilmainham Hospitals, on the 1st of December, 1810, show that there were at that time two thousand three hundred and seventeen soldiers a burden upon the public, in consequence of the loss of both eyes from Egyptian ophthalmia. Allowing the same proportion as that reported from the Fifty-second Regiment, there were also at the same time two thousand five hundred and forty-eight totally blind in one eye; making in all a total of four thousand eight hundred and sixty-five men disabled from active military service, on account of blindness.

"Dr. Antonio Saveresi, who had charge of the French Military Hospitals in Egypt, employed general antiphlogistic treatment, and used, locally, alum, with anodyne lotions, frequently. His success was most wonderful. Out of one thousand cases only two persons lost both eyes."

Mackenzie gives the following report of an outbreak of purulent ophthalmia, that occurred on board a French slave ship while at sea:—"There were one hundred and eighty-two men on board, including crew and slaves. The treatment while they were at sea consisted in the application of a collyrium of elder flower water, hot rice poultices to the eyes, and blisters to the nape of the neck; some of the sailors dropped brandy into their eyes, from which they experienced considerable relief. After a voyage of sixty days they reached port; they were then put on good diet, with the local application of spring water and lemon juice. Under this plan of treatment they soon recovered; but there was much irreparable damage done while they were on board, as the following statistics will show:—'Out of the one hundred and eighty-two men, fifty-one lost both eyes, seventeen lost each one eye, eighteen had opacities of the cornea, making in all eighty-six out of the whole number that were permanently injured for life.'"

These statistics show, first, the great impropriety of using the nitrate of silver. Secondly, that mild astringents do all that could be asked in these cases, and that they are the only safe and reliable remedies. Thirdly, that bad hygienic surroundings, with almost no treatment, is not more injurious than the heroic caustic treatment. And, in fact, could not be worse, since caustic is known to destroy the living tissues, as certainly as any form of disease, no matter how violent.

## INTERESTING CASE OF GUNSHOT INJURY,

In the Service of Prof. J. S. Wight, Long Island College Hospital, Brooklyn, N. Y.

REPORTED BY W. C. BURKE, JR, M.D.

R. O was admitted to the Hospital about eleven o'clock, on the morning of May 5th, 1875, suffering from a gunshot wound on the right side of the head, on a line with the summit of the ear and superciliary ridge, about one and a half inches behind the external angle of the frontal bone. He was rational; the pupils natural; pulse normal; very little hemorrhage. On probing, fracture of the skull was diagnosed and operation decided upon.

The operation was performed on May 7th, at 9 A. M. The patient having been anæsthetized, Prof. Wight made a semicircular incision around the external wound, commencing at a point about half an inch behind, and a little below the external opening, and carried to a corresponding point, three quarters of an inch in front. The incision was made down to the periosteum, dividing the middle and anterior temporal arteries, both ends of which were immediately secured by ligature. The temporal fascia was found to be very tense, to relieve which, and give more room, it was divided in a direction upward and backward, with a pair of scissors, to the extent of one-half or three-quarters of an inch. Upon exposing the periosteum around the opening, the fracture was found to involve the frontal, temporal, parietal and great wing of the sphenoid. Five small pieces of detached bone were removed, which left an opening in the skull about five-eighths of an inch wide by seven-eighths long, obliquely from before backward, across two of which pieces sutures were found to pass. A probe would then pass without the slightest resistance, about one and a quarter inches, directly across under the anterior lobe of the cerebrum, between the dura mater and skull, where a body was discovered, supposed to be the ball, but upon attempting to remove it with Tieman's bullet forceps, proved to be the edge of the great wing of the sphenoid at its articulation with the lesser. The ball was afterwards found near the floor of the middle fossa, and removed by a pair of ordinary dressing forceps. There was considerable hemorrhage from some of the branches of the middle meningeal artery, which had been con-

tused and lacerated, but ceased spontaneously in a few moments. The external opening was then partially closed by a few interrupted sutures, and the patient was taken to the ward.

The patient, after recovering from the ether, did well for the first day or two, but complained somewhat of pain. Potass. brom. was administered at intervals during the night, to the amount of forty grains, whenever he was awake. On the 9th or 10th of May he began to show symptoms of cerebral irritation. The pupils commenced to contract; the pulse ranged from 100 to 115 or 120; temperature 102½° to 103°. On the 11th low muttering delirium with carphologia set in. He complained of increased pain in the head when aroused. Small doses of ammon. carb. and half teaspoonfuls of whisky were given every two hours. The delirium and other ataxic symptoms continued until the morning of the 13th, when he died, six days after operation.

*Autopsy.* — The calvaria having been removed, the dura mater was found to be covered with pus and much thickened under the seat of injury. A minute opening was also found here, admitting a small probe. On opening the dura mater, considerable pus was found. The arachnoid and pia mater were intensely congested. Softening had taken place upon the right side and under surface of the anterior right lobe, to an extent admitting the first phalanx of the thumb. A small piece of bone was also found between the dura mater and skull, in the middle fossa, which had not been discovered during the operation. Death due to suppurative meningitis.

*Remarks.*—This case was interesting, principally on account of the unusual location of the injury for the operation of trephining, and for the direction and place of final lodgment of the ball. The shot must have been fired in a direction very slightly from before backward. Having spent its force in penetrating the skull, and coming in contact with the thickened portion at the junction of the sphenoid temporal and parietal bones, it was deflected from its course and dropped into the middle fossa. How much the mental condition, both prior and subsequent to operation, contributed to the fatal result (it being a case of suicide and the patient anxious, even after operation, that it should prove fatal) it would be impossible to say.

## CASE OF ULCERATION AND PERFORATION OF THE CÆCUM.

BY ROBERT F. NOYES, M. D.,

Of Providence, R. I.

Mr. X., aged 31 years, previously healthy, was found on the morning of November 25, 1874, in bed, in the sitting posture, with severe pains in right iliac region; not increased upon pressure; no tympanitis; pulse 84; temperature natural. The bowels had moved on the previous day. I at once put the patient under the influence of morphia, hoping that I should shortly be enabled to prescribe a laxative, and thereby sweep from the intestinal canal the conjectured irritating material. But as the day advanced, tympanitis and tenderness upon pressure became obvious, whereupon counter-irritation was employed, in the form of sinapisms and turpentine stupes. Twenty-four hours subsequent to the invasion of the attack, pulse 108; temperature 98½°; tympanitis increasing, and tenderness upon pressure more exquisite. Twelve hours later, pulse 130, wiry, and more indicative of peritonitis. Hot fomentations of poppies and hops were now added to the treatment already indicated.

When seventy-two hours had elapsed, and when the abdomen had become more and more tympanitic, Drs. George Capron and W. W. Potter being in consultation, the propriety of passing the rectal tube was considered and determined upon, whereupon I passed said tube as far as the sigmoid flexure of the colon; obtained a large amount of flatus and five or six ounces of fluid fæces. Shortly after the patient vomited stercoraceous matter. Eighteen hours subsequent to this emesis, pulse 140; respirations eighteen. Seven hours later, upon the suggestion of Dr. W. W. Potter, the propriety of tapping the colon was considered by the physicians in consultation, Drs. Capron and C. T. Gardner. It was agreed that should respiration become more embarrassed, it would be proper to plunge a needle of suitable size into the colon. As time advanced the abdomen did become enormously distended with flatus, the action of the diaphragm seriously impeded, and respiration difficult. At this moment I plunged a needle, 1⅓ millimetres in diameter, = .05249 in. or 1.2988 lines, into the transverse colon, allowing the gas to escape, which rendered the abdomen comparatively flaccid, and diminished

the respirations from twenty-six to twenty per minute. Upon withdrawing the needle a microscopical examination seemed to demonstrate that the needle had encountered pus in its transit through the abdominal walls. The improvement from tapping the colon was temporary, for in an hour and a half the respirations were twenty-two; pulse 140; extremities cold; and the patient was evidently in articulo mortis. Three hours later, pulse 90 and just perceptible; respiration 30; patient expires.

Brandy and quinine, by rectum and hypodermically, together with iced champagne by stomach, were given as long as life lasted.

An autopsy was made seven hours after death, in the presence of Drs. Capron, Gardner, Potter, and Carver. Upon laying open the abdominal cavity, fluid was found in the peritoneal sack. The small intestines, in particular, were adhered the one to the other, with recent plastic material. No localized obstruction of the intestines was found. The appendix cæci was swollen, giving evidence of active inflammatory action; the apex of which was adhered to the parietal layer of the peritoneum. Within the appendix vermiformis there was found a body about as large as a small marble, arranged in concentric layers. The outer portion of this body was fecal; the nucleus was a raisin seed. A perforation of the intestine sufficiently large to allow of the passage of an ordinary lead pencil was found at the junction of the appendix with the cæcum, which, of course, allowed the intestinal contents to escape into the peritoneal cavity.

The mucous membrane of the small intestines presented some evidence of inflammatory action, by redness. I saw no softening. Diligent search was made for the opening made by the needle the previous night, but all was in vain, nothing could be discovered.

We have, then, ulceration and perforation of the cæcum, half an inch distant from the foreign body lodged in the appendix vermiformis. That the perforation was dependent upon the presence of a foreign body is very certain. That the foreign body in question, found half an inch distant from the site of ulceration, was the cause of the perforation, is not quite so clear. Still, may not this mass have produced ulceration, and then suddenly have rolled into the appendix cæci, or may not other raisin seeds have been the exciting cause, eventually escaping either into the peritoneal cavity or becoming mixed with fecal matters?

The hypothesis that other raisin seeds were present is rendered the more probable when we consider that the patient was a grocer, and frequently partook of raisins.

The perforation of the cæcum having occurred, it is not strange that pus should have been found in the peritoneal cavity, and that the needle, in its transit through the abdominal walls into the colon, should have encountered a globule or two.

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## SOME WORDS ABOUT PESSARIES.

BY DR. J. C. C. DOWNING,

Of Dobb's Ferry, N. Y.

Soon after entering upon general practice in the country, having quit the army at the close of the war, I began to encounter cases where I judged that symptoms complained of were dependent upon uterine malpositions. By rest, by the free use of hot water utero-vaginal douches, by vesication of the os and the application of iodine paint to the internal surface of the uterus, etc., etc., most of the symptoms could be, and were, relieved. But, though in many cases there was relief, in but few permanent cures made. I tried the closed lever pessary, and failed in every case, and the result was the same with every other form and variety of pessary, and I experimented with one after another.

At length, in September, 1871, I read, in the *Journal of the Gynecological Society*, of Boston, Dr. Cutter's paper upon "Retroversion of the Uterus." At that time I had a patient—a farmer's wife—whom all means had failed to cure. She was then wearing a Babcock pessary, but she could not tolerate its presence for over three days at a time. Without it she could not stand upon her feet. Her disease, or complaint, was retroversion and prolapse. I sent at once for the loop pessary, and applied it. This occurred nearly four years ago, but she is still wearing that same instrument. It never occasioned her pain or inconvenience; it has enabled her to do all the work of the house; she washes, makes and bakes bread, churns, sweeps, etc., and more, she can ride in a springless farm wagon for a distance of six miles. She has no longer any vesical or rectal trouble, menstruates regularly and painlessly. I have

urged her to remove the pessary, and ascertain whether she cannot now dispense with it entirely, but she says it interferes in no way with her comfort; she is not, in fact, sensible of its presence, and, as she has already worn it nearly four years, she will try it four years longer. This case is a type of several. One young married woman, who is now wearing one of these pessaries, suffered, both before and since marriage, from dysmenorrhœa, to such an extent that she would faint at each period, and for three days have to be kept under the influence of either alcohol or opium; she suffered also from disparunia, so that intercourse had to be incomplete and unsatisfactory. She is now, she says, well in every way. Her trouble was retroflexion and prolapse, together with eversions and hyperæsthesia of the os. Her husband says that he has every reason to believe her statement. Another patient, a virgin of twenty-four years, who worked, and had worked since childhood, in a factory, standing all day, walking morning and night over a mile to and from her work, is now wearing a Cutter's pessary. She began, more than a year previous to my seeing her, to complain of pain in the back, constant feeling of fatigue, dysmenorrhœa, constipation, depression of spirits, hysterical symptoms just previous to menstruation, etc., etc. Rest and treatment gave relief, but not cure: so, reluctantly, and under protest, I was allowed to try a "Cutter"—although, before the adjustment of this, there was so much vulval tenderness or sensitiveness, that frequently the contact of clothing was annoying, yet soon—the uterus being in position—this hyperæsthesia completely disappeared. This patient also refuses to abandon the use of the pessary, because, as she says, it does not in the least annoy her, and she has such a vivid remembrance of her unpleasant and painful experience before and during treatment, that she will not run the risk of retroflexion and prolapse again occurring. For three years she has walked and worked just as well as she ever did.

Thus far I have used the Cutter loop pessary in seven cases, six successfully. Five still continue to wear them; one became pregnant—much to her disgust—and since the birth of the child, two years ago, has not needed it.

In the one unsuccessful case, not only was I foiled, but one of the most eminent of the New York specialists likewise, after many trials, declared his belief that she was a patient that never could tolerate any pessary, no matter how well adapted, proportioned or adjusted.

P. S.—Since writing the above, I have had a visit from the last mentioned patient. She has now anteflexion or version, at least her symptoms warrant that belief, and one week after ceasing to wear it; she says she again feels all right. July 29th.

## A CASE OF IMPERFORATE ANUS, IN WHICH THERE WAS A COMMUNICATION BETWEEN THE RECTUM AND THE URETHRA, AND IN WHICH THE AUTOPSY SHOWED ALSO A MALFORMATION OF THE ŒSOPHAGUS.

Translated from *Gazette des Hôpitaux*, of July 17,'75.

BY JOHN B. ROBERTS, M. D.,
Of Philadelphia.

M. Polaillon recently communicated to the Chirurgical Society of Paris an interesting case of malformation. The child was a male, and when born, presented a faulty development of the superior extremities, which had no radius, and were terminated by clubbed hands. In addition, the condition of imperforate anus was observed. The child soon took the breast, but vomited immediately after each act of sucking. The urine was clear and normal, and was not mixed with meconium, but gas was passed from the urethra.

The day after birth an operation was undertaken for the relief of the imperforate anus. The search for the rectal pouch, situated very high up, presented considerable difficulty, and the bowel was only discovered when the operator had introduced a sound into the urethra; the instrument fortunately passed along the rectal communication, and made a projection at the extremity of the rectum, in the perineal incision. The bowel was then fastened by sutures to the integument, and the incision made, when thirty or forty small balls, resembling the excrement of a rabbit, composed of solid meconium and coated with yellowish mucus, were voided. The vomiting continued, but the respiration was little embarrassed, notwithstanding the large amount of mucus expelled with the air. There was no passage from the bowels, even after the administration of an injection, and a purgative was immediately vomited. The child died a short time subsequent to the operation.

By the autopsy it was found, first, that the

œsophagus terminated in the trachea, which malformation, as only eight or nine cases have been recorded, is rare, though easily explained by the mode of development of these organs in the fœtus. The small and large intestines were normal, and all the meconium had escaped by the passage afforded it by the operation, but it was in the solid state. The existence of a narrow orifice between the anterior surface of the rectum and the canal of the urethra was proved; which is a condition not very rare in cases of imperforate anus among boys.

Attention is called to the following points:—

The solid condition of the meconium causes some hesitation in seeking the rectal pouch, because it does not permit the operator to push the bowel downward towards the perineum, by pressure on the abdomen, as can be done when the meconium is liquid. In this instance the surgeon was forced to prolong the perineal incision backward, and preferred a longitudinal incision of the coccyx by the scissors, to a resection of that bone, as some have recommended. Regarding the communication with the urethra, M. Polaillon thinks that if there had been no irremediable malformation, necessitating the operation, the orifice would have become obliterated; which result he has observed more frequently, however, in cases involving the bladder than where the urethra has been affected. The attachment of the rectum to the integument is useful, and should the sutures cut through the tissues it is probable that union would nevertheless take place if the wound were dressed with proper care.

**A Calculus of Steno's Duct, Having for its Origin a Grain of Wheat.**

At the same meeting, M. Paquet reported the case of a man, fifty-two years of age, who had had repeated attacks of inflammatory swelling of the cheek and malar region. The abscess had already opened several times into the mouth, before the patient came for treatment. The surgeon found a swelling of the duct of Steno, which was ulcerated at its edges, and he was able, by means of a curette, to extract from its orifice an ovoidal flattened calculus, weighing one gramme, which was followed by the escape of a large quantity of pus. Injections were made into the seat of trouble, and a rapid cure was completed. The examination of the calculus presented an interesting point in regard to etiology, for in its centre was found a grain of wheat.

# Hospital Reports.

## EASTERN DISTRICT HOSPITAL, BROOKLYN, NEW YORK.

SERVICE OF S. J. BRADY, M. D.

Reported by Walter Lindley, M. D., House and Ambulance Surgeon.

**Comminuted, Compound, Depressed Fractures of the Skull.**

Henry M., æt. 21; German; was admitted to the Eastern District Hospital, June 10th, 1875, at 8.45 o'clock, A. M., with an apparent scalp wound and all the signs of compression of the brain. He had been working in a sugar refinery on the night of the ninth, when a centrifugal machine that was making fourteen hundred revolutions per minute bursted, and a piece about the size of the closed fist struck him over the left eye. After consultation, Dr. Brady made a crucial incision that displayed a depression extending from the left frontal eminence to and including the left supra-orbital arch. It was then found necessary to trephine, in order to elevate the compressing pieces of bone. This was done, and all the pieces of bone removed. The patient soon rallied from the effect of the operation and the anæsthetic, and in a very short time he was perfectly rational, thus confirming the wisdom of the operation. The edges of the flaps were partially coapted and a few horse-hair sutures introduced. Cold water dressings were applied to his head, and bromide of potassium prescribed, in twenty-grain doses, to be given every two hours.

11.45 P. M., nine hours after the operation; pulse somewhat irregular, at 84 beats per minute; temperature 99½° Fahr. He has been sleeping quietly for the last hour.

June 11. Slept well last night. 7 A. M., pulse 86; temperature 100. At 11 A. M. he was given ten grains of hydrarg. chlor. mite. At 8 P. M. he took one ounce of sulphate of magnesia; pulse 90; temperature 100½. The left eye appears normal, with the exception of a dilated pupil, but the sight is lost.

June 12. The patient passed another quiet night. At 7. A. M. he was given one half ounce of oleum ricini; pulse 84; temperature 99⅗. At 1 P. M., an enema was administered, consisting of

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| R. | Olei ricini, | ℥ss | |
| | Saponis, | ʒij | |
| | Sacchar. flavi, | ʒj | |
| | Aquæ, | Oj. | M. |

He defecated quite freely between 5 and 6 P. M. 8 P. M., pulse 78; temperature 99.

June 13. 9 A. M., pulse 75. He has a fair appetite. Diet, beef tea and milk. 7. P. M., pulse 72.

June 14. Patient seems to be progressing favorably. 8 A. M., pulse 70. 6 P. M., pulse 74.

June 15. He slept well during the night. 7.30 A. M., pulse 72. 8 P. M., pulse 76.

June 16. He continues to rest well, with no pain. 10 A. M., pulse 76; temperature 99.

June 17. Some oozing from the only opening there is remaining. The discharge is of a sero-sanguineous character. 9 A. M., pulse 74; temperature 99. 7.30 P. M., pulse 78; temperature 99¼.

June 18. Everything favorable. 8 A. M., pulse 77.

June 19–22. Pulse has not been above 78, or temperature above 99½.

June 27. Pulse and temperature continue normal. There is slight suppuration from the wound.

July 4. There is still a slight discharge of laudable pus. Patient's appetite good. Until to-day he has taken, at intervals,

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| ℞. | Olei ricini, | ℥ss | |
| | Olei tiglii, | gtt.j. | M. |

in order to move his bowels, but to-day they acted of their own accord.

July 28. The patient was discharged this morning, in first-rate condition, with the exception of loss of sight in the left eye. The wound is perfectly healed, mind unimpaired, and he has completely recovered.

John W., a German; æt. 24; came walking into the Eastern District Hospital, at 8.30 P. M., July 10, 1875, accompanied by his landlady. He was in a semi-comatose condition, answering no questions and doing everything in a mechanical way.

From his landlady we learned that on the evening of the third instant he had been struck over the left eye with a stone. He has since been under the care of a Grand street druggist, who proposed to "see him through" for one dollar and seventy-five cents. The wound pained him considerably from the first, but on the morning of the sixth instant he went to his work, in a sugar house, but after working for two hours he became dizzy and was obliged to go home. For the last four days he has been confined to the house, except when he went to his druggist for "salve," and has eaten scarcely anything. This morning he apparently lost his reason, and has been in a state of stupor ever since. On examination, a wound was found over the left eye, from which there was a dirty-looking sero-purulent discharge. He was breathing stertorously, and his pupils were very much contracted. With the approval of the consulting staff, Dr. Brady made an incision and discovered a depressed, comminuted, compound fracture of the frontal bone. The fracture was a fraction over an inch in diameter and circular in outline. It was situated about an inch above the left supra-orbital ridge. The Doctor at once proceeded to elevate the depressed bone and remove the fragments, which he succeeded in doing perfectly without trephining. One piece of bone, three-quarters of an inch long and one-quarter of an inch wide, was completely imbedded in the brain substance, and its removal was followed by cerebral hemorrhage, which stopped in a few minutes. After the removal of all the pieces of bone, the flaps made by the incision were brought loosely together and held in their places by horse-hair sutures, while the original wound was left open. At the close of the operation, but before the patient had recovered from the effects of the ether, his pulse was of about normal strength, and beat at the rate of one hundred per minute. Ice was applied locally, and bromide of potassium prescribed, in twenty-grain doses, every two hours. Less than an hour after the operation he was perfectly rational.

July 11. The patient passed the night quietly, sleeping about half the time, and micturating twice. 9 A. M., pulse 88; temperature 99½; respirations 23. He says he feels well. Ten grains of hydrarg. chloridi. mite., with the same quantity of jalap, were given as a cathartic. 1 P. M., pulse 92, respirations 20. 4 P. M., pulse 82; respirations 24. This afternoon his face and head commenced swelling, and by night he could not open his eyes. At ten P. M. he became restless and slightly delirious. Commenced giving hydrarg. chloridi. mite., in two-grain doses, every two hours.

July 12. 4 A. M., pulse 80; respirations 22, temperature 99⅕. There is no apparent change in the swelling. He rested quietly after midnight. His pupils are about normal. 5 P. M., temperature 99⅖; pulse 82. His gums begin to show the effects of the mercury. There is a slight decrease of the swelling on the injured side, but the opposite side is the same as this morning. He has defecated six times during the last twenty-four hours. Reduced the amount of calomel to one grain every two hours.

Midnight. He has been resting well. Swelling greatly reduced. His gums show the usual signs of moderate salivation. Ordered calomel to be stopped altogether, but continue bromide of potassium as from the first.

July 13. 9 A. M., pulse 78; temperature 99; respirations 24. Has taken nourishment at regular intervals during the day. Cold is kept constantly on his head. He is apparently doing well.

July 14. 8.30 A. M., pulse 75; temperature 98⅘; respirations 23. 8 P. M., pulse 86; temperature 100½; respirations 24. He is perspiring considerably, and seems much duller than usual.

July 15. 8 A. M., pulse 84; temperature 99⅘; respirations 26. Slept very well last night. 7 P. M., pulse 84; temperature 101½. Patient has been lying in about the same condition to-day as yesterday. Micturates quite freely. His urine, on testing, proved to be normal. As he had not defecated for thirty-six hours, he was given, at ten o'clock this evening,

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| ℞. | Olei ricini, | ℥ss | |
| | Olei tiglii, | gtt.j. | M. |

July 16. 9 A. M., pulse 87; temperature 101⅕; respirations 25. He defecated freely at seven o'clock this morning. The stool was thin, of a yellowish-ochre color, and, as our German nurse

expressed it, "very smelly." He is harder to rouse this morning than at any time previous; complains of a "gnawing" pain in his head; pupils normal; some suppuration from the wound; was delirious last night. 8 P. M., pulse 86: temperature 102⅕; respirations 24.

July 17. 8 A. M., pulse 75; temperature 99⅕; respirations 20½. His only outward symptom is dullness, which is no doubt partially due to the bromide. 6 P. M., pulse 69; temperature 99⅕: respirations 21. He has rested well all day, and is not nearly so stupid as he has been on several preceding days.

July 18. 9.15 A. M., pulse 72; temperature 98⅘; respirations 22. 10 P. M., pulse 86; temperature 99; respirations 24. At eleven A. M. he was given the same cathartic that he took on the 15th inst. During the afternoon his bowels operated several times, and he feels much better this evening.

July 19. 9 A. M., pulse 80; temperature 98½; respirations 20. 8 P. M., pulse 84; temperature 99.

July 20. 8 A. M., pulse 74; temperature 98⅘; respirations 23. 7.30 P. M., pulse 76; temperature 98⅘; respirations 25. Patient appears to be doing well. The wound is healing steadily. The bromide was prescribed to-day in ten-grain doses instead of twenty, as heretofore. His appetite is good and he craves something other than the fluid nourishment he has been receiving. Will now permit him to have bread and butter in addition to the beef tea and milk diet. He had a healthy passage from the bowels this evening, without the aid of any special cathartic.

July 21. 9 A. M., pulse 70; temperature 98; respirations 23. 7 P. M., pulse 74; temperature 98½.

July 22. Pulse 72; temperature 98⅕, at 8 A. M. Stopped all medication.

August 10. Patient has been rapidly improving, and is now fully recovered. The wound has healed completely, and the man is able to resume his regular duties. The length of time between the injury and the operation, and the marked contraction of the pupils when the patient was admitted to the Hospital, are interesting features of this case. The almost miraculous promptness with which the mercury reduced the swelling of the face on the third day of his stay here, is a practical point. As stated previously in the report, horse-hair sutures were used in both cases. That horse-hair is *the* suture for scalp wounds—if not for all others—has certainly been amply proven. During the last six months the writer of this report has used horse-hair sutures in forty-seven cases of scalp wounds, and has had but one case of erysipelas, and that was in an out-door patient who went on a spree immediately after his head was dressed.

Jarvis S. Wight, M. D., professor of Surgery in the Long Island College Hospital, was the first to point out the advantages of this suture to the profession in this country, according to the statement of Prof. F. H. Hamilton.

## Medical Societies.

### OHIO STATE MEDICAL SOCIETY.

This Society met, for its 30th annual session, at Put-in-Bay, June 17th, Dr. W. W. Jones, President.

We take from the minutes some extracts of general interest, on the question of admitting female physicians.

Professor Hamilton said, in reference to a statement that investigations could not be carried on with the requisite freedom in presence of ladies, that during his teaching in the college at Columbus he had had one lady student during a whole course. He did not know that during that whole time he had refrained from uttering one word which he would have uttered had she not been there. He did not know of anything which he had said that could have made her blush, or him either. That lady was the jewel of the class; the influence of her presence was most excellent. So far from dreading the presence of ladies, he was desirous of it, and thought that it would result in great good. [Applause.]

The ladies were then admitted, without a dissenting voice, and the result was hailed with loud applause.

The Committee appointed at the last meeting to memorialize the General Assembly of the State for the establishment of a Bureau of Health with a sanitary Superintendent, reported that a memorial was presented in the Senate at the last session, accompanied by a bill offered by the Hon. E. D. Potter, which bill was subsequently amended by enlarging the powers and duties of the Superintendent. Another bill was introduced into the House by Dr. Williams, to create a Board to be appointed by the Governor, the Board to have the appointment of the Commissioner.

Both of these bills failed to pass, from want of time, and from the indisposition, on the part of members, to the creation of new offices.

Dr. P. M. Wagenhalls, of Columbus, read an interesting paper on "The Value of Insulation in the Treatment of Rheumatism and some Nervous Affections."

The paper was replete with interesting cases in which the author had used the agent with success, including his own case, that of rheumatism. The paper was discussed by Drs. Dunlap, Herriek, and Hyatt; those gentlemen had not met with the success, in the use of insulation, which Dr. Wagenhalls claimed to have had with it, whose faith in it, as a therapeutic agent, was of a character sufficient to remove mountains. In cases of insomnia, arising from nervous trouble, or overworked conditions of the body, he looked upon it as one of our *best* agents. He related many cases of this character in which he had tried it with signal success. Four ordinary glass salt-cellars made very good receptacles for the end of the bed-posts.

Dr. W. B. Davis read a paper on the "Relation of Consumption to Life Insurance" (published in the MEDICAL AND SURGICAL REPORTER, July 31), on which Dr. T. A. Reamy, of Cincinnati, remarked:—

I do not intend to discuss the very able paper of my friend, but only make one suggestion. And the propriety of that suggestion arises out of the fact that this paper, which is to be put into the Transactions, will appear as the sentiments of this Society. An enterprise which involves such a large amount of money, and in which so many lives are interested, certainly demands of the medical profession some thought. In listening to the reading of the paper it may have been noticed that its author put it on this ground: that the only parties connected with this whole transaction are the parties insured and the agent who solicits the application. That point is made three times in the paper. The *agent* is peculiarly described, graphically described, poetically described, in every way, as an energetic, impudent man, seeking his living alone. The author assumes that he is a dishonest man, and, therefore, it is also said, by implication, that the agent cares only for his living.

The other assumption is, that the insurance company's only object is to benefit mankind and *not* to make money. Now, I speak as one having connection with an insurance company, and do not hesitate to say that they are organized to make money, and they have a *right* to make money; but this paper implies that their only purpose is to do good to the heirs of men when they die. The profits made by the company are utterly ignored. If this statement is true it is not fair to exclude the deceased from enjoying the benefits of this charitable arrangement, for the more the family is afflicted, the more they ought to have the charity!

The paper claims that the agent only wants the money, and abuses the medical profession for its ignorance. In all his vast experience there is not an instance in which a medical man has kept back anything pertaining to the medical examination which he should have reported. I know personally of two cases where an agent solicited a man who had been nearly dead of hemorrhage, and one company paid a loss where the man died, eighteen months after being insured, of consumption. I have known a number of such cases. What has that got to do with consumption?

If children are included, it will be found that it is not a fact that more of the insured die of consumption than of the uninsured. Their medical reports do not include the children.

The medical examiners are selected largely by the agents; as a gentleman said to me, "I receive, on an average, one letter a week from the company, inquiring whether a certain man is competent to make a medical examination, or whether he is truthful, etc. I am obliged to answer that question negatively or affirmatively. He may have been my neighbor or schoolmate; he may have gone to school since I saw him, and I don't know whether he has got the learning or not, but I am obliged to answer something, and I do not wish to condemn him."

The companies pay for a medical examination two or three dollars! The author of the paper says you are ignorant. He says you must have special knowledge; must have the power to philosophize upon the probabilities of a man's expectancy, and must have great skill in medical diagnosis. How must a man answer these questions? Upon his honor, and in the interest of the company alone. Upon two obligations, his own morality, and his pecuniary interest, which amounts to two or three dollars! These are the safeguards upon his conduct.

The author of the paper assumes that, as examiners, as doctors, we must examine the history of the family for three or four generations, and must even go so far as to determine whether a man begets the internal or the external organs of his children!

I say this, independently and fearlessly, though I am medical examiner for two or three companies; let the companies select competent physicians, and pay them accordingly; pay them for the time they spend in the labor of making every examination; and let them pay their men in proportion to the amount of the risk the company takes upon the life insured. The infirm are the men who want $20,000! The suspicious cases are the ones that want the largest risk upon their lives, and the medical examiner is to be paid only two or three dollars. Let the author of the paper, which is admirable, go on and write again upon the subject.

Dr. S F. Forbes asked the author of the paper whether the statistics read were from insurance statistics or from the mortality reports at large.

Dr. Davis: "They are based largely upon the insurance companies of England."

J. W. Hamilton, of Columbus, said:—

In the first place, I am much pleased with the paper It is a concise statement of important facts, bearing upon an exceedingly important subject.

The subject of the influence of phthisis upon life insurance has not been, with me, a special study. The subject of life insurance, however, has been the subject of a very great deal of critical and careful study, experience and observation, and I have been impressed for years that the profession, at this point, owed a great deal to itself; that we really occupy a position, in reference to this matter, that does us a very great injustice. That is my present opinion. As a matter of fact, in *our* vicinity, it amounts to this:—You find an *invalid*, and you will find a man who is *insured*. I think that I am not straining a point in making that statement. I make it as the result of careful investigation and study, and I feel justified in making the statement before this Society, that in my own vicinity it is so. I recollect a case after *this* fashion: One who was a warm friend of mine came to my office one day, and

said to me, "Doc."—I don't allow many men to say that to me, but he had known me all his life and I suffered it with him—"I want you to tell me whether these 'spells' are going to kill me?" He was a very hard drinker. I said, "I have told you a good many times my opinion on that subject." He then said, "because, if they are, I want to get my life insured!" I said, "You certainly understand that life insurance is for healthy persons." Said he: "I know that's the way they talk about it, but when a fellow feels as though he was going to die, he wants to have his life insured" He went on with his drinking, and finally died. No application was made through me. Two weeks or so after he died a policy turned up: I found that it was dated just about the time of that interview. He got insured, and because he was satisfied those "spells" were going to kill him.

Another case: A resident of Madison was affected by an enlarged condition of the parotid gland and cervical ganglia. I venture to say it could be seen, could be recognized as a morbid growth, at a distance of forty rods.

One day a man came into my office, and said he had come all the way from New York, and wanted to know whether this man was going to die or not. He said he had made an application for life insurance, at such a date, that his application was accepted, and a policy had been issued for $10,000; and he wanted to know whether he had better deliver the policy or not. I declined to answer the question. The thing stopped, only when it had got into that shape.

I recollect another circumstance. A prominent citizen came to my office, and complained of headache. I told him to come back the next day, and, in the meantime, I made an analysis of his urine, and detected Bright's disease. I learned that he had bad epileptic seizures. Five or six weeks afterwards I visited him again, and found him in fearful pain, indeed, about dying. The next day I met a man going to make preparations for his funeral. And the next day I met an agent for a certain Life Insurance Company, who had in his pocket a policy of insurance, for $5000, not yet delivered, and wanted to know what he should do—it being partly paid for. I could not tell him. That policy of $5000 was paid, less half the premium.

We had some litigation in connection with a life policy, within the past year. In that litigation it turned out as bad as this:—In the first place, the evidence was, that the agent knew that a certain man, uninsured, was in bad health. In the second place, it turned out that the doctor who made the examination knew the man himself, but was supposed not to know his condition. A policy was issued on this invalid's life, for $5000, and he died sixteen or eighteen months afterward. A post mortem examination revealed cirrhosis of the left lung, which was compressed to the capacity of less than one lobe of the lung, and an enlargement of the right lung, its capacity being increased over sixty per cent. The diaphragm and liver were carried up to occupy the place of the left lung; the heart carried over to the right side of the sternum. I have no doubt these conditions were present at the time of the examination. The Court, I think, was satisfied of that, yet it allowed that policy to stand. Just what I think it ought to have done. The man himself was the only innocent party in the case. The doctor and the agent were scoundrels!

My deliberate judgment, so far as life insurance in the neighborhood of Columbus is concerned, is, that to the healthy man, who acts in good faith, it is a practical fraud! I don't know where the blame lies. It is pretty badly scattered; but there is one source of it so manifest that I think, as medical men, we ought to fix our attention upon it.

You will find, on careful observation, that in the city of Columbus it is not the first nor the tenth doctor of the place who make these examinations. They are gentlemen who are found on the outskirts of the profession. Somebody is found who is willing to do it *cheap*. Competent men make but few examinations. They are little inclined to make examinations at two or three dollars per head.

H. J. Herrick. "I am glad this discussion has taken place (I do not rise to make a speech); I approve of every word which has been said. I therefore make a motion that these points, which have been so well put, be reported in our Transactions, so as to convey to the public the sentiments of this Association on this important subject." Carried.

W. J. Scott. "Some years ago, when I first moved to Cleveland, I had not much business, and as a matter of business, I made an effort to get some examining to do—at least, if the agents came to me, I took the cases. I found it was customary to pay two dollars. Well, when I hadn't anything to do I could afford to spend a little time with the case. Pretty soon, after I had made several examinations, an agent came to my office and said: 'Doctor, I have an applicant for life insurance; my examining surgeon is not in his office, the man wants to go home, and I want you to examine him for me.' 'Very well, sir,' I said, 'I am at leisure.' I looked over the policy and saw that his part of the performance was all 'O. K.' On examining the applicant I found he had double valvular heart disease. I said to the agent, 'there is no use of sending this application, because it will be rejected.' It was sent on and returned. About two months after this application was sent and returned, another man sent in an application for this same applicant, and a policy was issued on his life for $10,000. It was sent to the same office and accepted. The Company did not attend to their part well, or they would have known that this man had been reported there before. I have had this gentleman in my eye from that time until the present; and that was nearly ten years ago. He is living yet, but he is now in the very last stages of the con-

dition of anasarca and this fall will see him in his grave. What is to be done in such cases? The Company ought to pay that $10.000, in justice to the man, because they paid a man to perform a duty that any fool in the profession (if it is possible for one to get there) ought to have known better than to have done so. This paper does not deal honestly with the profession. I claim, gentlemen, that the profession is qualified to make these examinations as a profession. If we do our duty, as men, to ourselves, our education and our art qualifies us to make these examinations correctly; and if we do not do it correctly, then we are incompetent to make an examination for the Company, and ought not to have the $2.00. But the $2.00 is too small a fee. If any decrepid, poor, neglected wretch should come into my office, I would charge him $5.00 for a similar examination, and these rich companies ought to pay $5.00 or $10,00, according to the gravity of the examination, for every case submitted to the examining surgeon.

"There are some questions that might be brought out by the discussion of this paper, which are of the greatest importance to us as a profession, but I think I will make but one point in that way. I meet, almost every day of my life, people who, unquestionably, have tuberculosis. Many of them are applicants for life insurance (and God knows they *need* life insurance worse than any other class, because they will die soon and leave families in want); but it is not this class of people the insurance companies propose to take care of. The Poor Laws of the State are made to take care of them, and it is unjust to the profession that we should degrade our skill, and our knowledge, in putting these men into life insurance companies, when we know they will die in a few years with tubercular consumption. It ought not to be so. The statistics which have been read here to-day are a standing reproach to us as a profession. Every physician should be competent to determine the question whether a man has tuberculosis or heart disease, *at once*, and every application which states that the applicant has either one of these diseases ought to be rejected. The more these applicants feel the pressure of disease upon them, the greater amount of insurance do they seek, because they don't expect to pay a great amount of money in premiums before their families can claim the amount of the policy.

"Another point upon the vital statistic question is this: I meet, almost every day, persons who have incipient consumption. And I often find their fathers and mothers are living and in good health; that their grandfathers and grandmothers have lived to good old age, and none of their brothers and sisters have died of consumption. Now, is tubercular consumption always a hereditary complaint? It is *not* always so. It is not necessarily so. Therefore, if we are wide awake to these questions, we will see that because a man's brothers or sisters, who otherwise have a good family record, have died of consumption, it need not *necessarily* affect him.

"Now, gentlemen, with these remarks, I resign the floor; I simply wanted to add my testimony to what has been said, that the profession so far might think upon these questions. Many of these examinations are made in such a way as not to do credit to the physician who made the examination, but do great discredit to his skill afterwards. Not because he is incompetent, but because he neglects to perform well his duty. I know this is so from what I have observed on the subject. Every physician making an examination should make it with such rigid scrutiny that these points will be developed. That is the way. Then, such a set of statistics as have been read here to day would not be possible."

Dr. W. B. Davis said: Before the question of reference to the Advisory Committee is put, I wish to occupy about a minute of the Convention's time, rather for the purpose of correcting some misapprehensions on the part of the gentlemen who have spoken, than to enter into the discussion.

The gentleman first on the floor after the reading of the paper said the paper charged the insurance agents with being dishonest. I wish to state, in general terms, and specifically, that the reading of the paper, and its phraseology, does not so do. I disclaim that position. The gentleman also said the paper contained unjust imputations against medical gentlemen employed as examiners. He will remember that I stated distinctly, that, after an experience of eight years, as medical director of a company having sixteen hundred examiners on its books, I had never met with a single instance where I knew of a single one of all of them to misstate any of the facts.

He then claims that the paper further casts imputations upon the profession by saying that it contains incompetent men. It will be remembered by those of you who followed me closely, that I stated, that while there were many competent men as examiners, who discharged their duties well and conscientiously, there were others who did not do it carefully, and others who had not intellect and sufficient culture to be worthy members of the profession. And I wish to call attention to the fact that the gentleman himself, and the members following, used language reflecting more upon the profession than I did. No one present thinks more of the profession than I do; and gentlemen not high up in the ranks of our profession are competent in every way, and I should be the last one to place myself in a position of being accounted a slanderer of my profession.

One gentleman stated, with reference to an examiner and agent, coupling them together, that they were both scoundrels! The gentleman stated that he knew of a medical examiner who passed a man far advanced in phthisis. I do not think the language I have used in my

paper will at all admit of the construction the gentlemen have put upon it.

In reference to the point I made, that consumption rarely presented itself before the age of sixteen, the gentleman has differed from me; but I gave some good authorities, while he gave none; and the statement he made is worth just what his individual statement is worth, and no more.

The other questions spoken of were not questions considered in my paper at all.

# Editorial Department.

## Periscope.

### The Hypodermic Treatment of Indolent Enlargements of the Cervical Glands.

Dr. Morell Mackenzie, Physician to the Hospital for Diseases of the Throat, and lately Physician to the London Hospital, says, in the *Medical Times and Gazette*:—

Indolent glandular enlargements should be either cured radically or left altogether untreated. Half-measures only give rise to disappointment and cause disfigurement. An enlarged gland may be a slight blemish, but when it has been blistered, poulticed, painted with iodine, incised, or subjected to any of the various modes of treatment recommended in such cases, it often becomes a deformity.

As a rule, parents and young ladies are very desirous to get rid of these glandular swellings, not only on account of the disfigurement which they occasion, but because they are regarded as blots on the family escutcheon. It becomes important, under these circumstances, not only to disperse the tumors, but to leave behind as slight traces of their previous existence as possible. For the last eighteen months I have been engaged in trying various remedies, hypodermically, with a view of curing indolent glandular swellings. I have tried solutions of pepsine, with and without dilute hydrochloric acid, dilute hydrochloric acid alone, dilute acetic acid, tincture of iodine, alcohol, solution of nitrate of silver, solution of chloride of zinc, and several other remedies.

In carrying out hypodermic treatment the cure may be effected either by resolution or by destruction. In the former case absorption takes place; in the latter the injection is followed sooner or later by suppuration. It is desirable, if possible, to cure by resolution. I have found acetic acid, as recommended by Dr. Broadbent for the treatment of certain kinds of cancer, the most useful remedy for this purpose. With this agent I have treated twenty-seven cases; of these fifteen were completely cured by resolution, four were greatly benefited, in five suppuration took place, and three patients discontinued treatment without any decided effect having been produced. I have used the ordinary dilute acetic acid of the British Pharmacopœia, and have generally injected from five to twenty drops, according to the size of the gland to be treated, seven or eight drops being an average dose. The injection should not be made more than once a week. The fluid should be injected well into the middle of the gland. Suppuration has generally resulted from the solution having been injected either too frequently or too superficially. If suppuration take place, the fluid should be drawn off with a hypodermic syringe or aspirator. The average duration of treatment by resolution is three months.

For treatment by destruction and suppuration, a solution of nitrate of silver answers best. The solution should be of the strength of one drachm to the ounce, and not more than three to five drops should be used. Considerable interstitial destruction is generally produced after three or four injections, sometimes after a single injection When pus forms, it should be drawn off as already directed. Treatment by destruction, if successful, is rather more rapid than that by resolution, but induration of the outer portion of the gland sometimes follows the treatment, and interferes with its success. I have treated five cases in this way; in three of them the cure was complete, in two incomplete. The treatment by pepsine and dilute hydrochloric acid was rapid, but was twice followed by superficial sloughs of the skin, and for that reason I abandoned it.

### The Pulmonary and Cardiac Complications of Abdominal Tumors.

This was the subject of a paper before the Royal Medical and Chirurgical Society, by Dr. W. H. Day.

The author first described some of the effects of solid or cystic abdominal tumors, and of large collections of fluid in the peritoneal cavity, in displacing the thoracic organs, and inducing a long series of constitutional and local symptoms. He showed the importance of ascertaining the condition of the lungs and heart before deciding upon the removal of fluid or of tumors from the abdominal cavity. He examined the effects of rapid and of gradually increasing pressure upon the thorax, and also the results of the rapid removal of pressure by tapping or by the removal of a tumor, advocating the gradual removal of

pressure whenever practicable, and giving several instances to prove the utility of venesection in cases where portions of lung which had been compressed have rapidly expanded, and congestions or hepatization have followed. He also gave instances in which organic diseases of the lung have been relieved after the pressure which aggravated the symptoms had been removed. He compared the pulmonary symptoms which often follow operation on the abdomen with the more ordinary forms of bronchitis or pneumonia, and gave practical details of treatment in different classes of cases. The author ended his paper by endeavoring to enforce the two following conclusions:—1. The surgeon who treats cases of abdominal distention must not overlook the pulmonary and cardiac complications which are due to compression or displacement. 2. The success of operations for the removal of abdominal tumors may be increased or diminished by careful examination of the state of the chest before operation, and by equally careful attention after the operation, not only to the parts involved in the surgical proceedings, but also to those changes in the blood and in its circulation through the heart and lungs, and to the effects on these organs which are due to sudden removal of pressure alone, or to other causes of considerable elevation in the temperature of the blood.

## Reviews and Book Notices

### NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. Charles Denison, of Denver, has given the climate of Colorado closer study than any other person we know. His last contribution to its definition is entitled "The Influence of the Climate of Colorado on the Nervous System." Richards, publisher, Denver, Col., pp. 16. Reprint from the *Archives of Electrology*. His conclusion is curious:—"I do not expect to see very profound logical treatises emanate from much greater elevations than this."

——It gives us pleasure to commend the spirit in which an essay by Dr. Alexander Hutchins, of Brooklyn, is written. Its title is "The Physiological Reason Why. An Essay on School Hygiene, with reference to the Physiological Relations of Age and Sex to Mental and Physical Education." The New York State Medical Society awarded it a prize at its last meeting. Though the theoretic discussions of sex-difference and brain-growth do not satisfy what seem to us the latest demands of science, the general tone and practical teaching of the author are most praiseworthy.

### BOOK NOTICES.

**Cyclopedia of the Practice of Medicine. Edited by** Dr. H. Von Ziemssen. Vol. iii. Chronic Infectious Diseases. New York, Wm. Wood & Co.

The third volume of this important work embraces "Syphilis," by Dr. Bäumler; "Infection by Animal Poisons," by Dr. Otto Bollinger; and "Diseases from Migratory Parasites," by Dr. Heller. What we have already said of the thorough handling of the subjects in previous volumes, applies with equal force to the present one. Nowhere, perhaps, is there more need for discretion than in giving a review of the history, nature and treatment of syphilis. Dr. Bäumler does it in a model manner. With a thorough acquaintance with its immense and conflicting literature, he sifts it admirably. On the question of origin, he pronounces in favor of its substantial novelty at the close of the Fifteenth century, but doubts the story of its importation by Columbus. The question of the unity and duality of the virus is discussed at length, and is shown to be not a simple but a very complex one. Dr. Bäumler, in calling a chancroid or soft chancre, by the general name *chancre* (p. 108), has added still further to the ambiguity of his subject. That the soft chancre develops "in twenty-four hours," while the true syphilitic papule does not occur until "three or four weeks," of incubation, is to our mind a wholly incorrect picture of the disease in this country.

The diseases treated by Dr. Bollinger are glanders, anthrax, hydrophobia, foot and mouth diseases, and bites and stings. Just now, in the dog days, hydrophobia has special interest. He gives the prognosis of the developed disease as absolutely bad; in prophylaxis he trusts mainly to suction. The incubations of ten or twelve years he calls "purely mythical." We happen to know of one fatal case this summer where the incubation was certainly nine years. It occurred at Howelville, in this State.

In the contribution of Dr. Heller, the subjects treated are echinococcus, cysticercus, cellulosæ and trichinæ.

In translation and in typographical appearance the volume is in all respects equal to its predecessors.

THE

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D. G. BRINTON, M.D., EDITOR.

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## THE NEED OF INSTRUCTION ON SEXUAL HYGIENE.

Among the *Clinical Lectures* of Sir JAMES PAGET, is one on Sexual Hypochondriasis, in which he comments on the singular ignorance of the civilized portion of the human race about sexual acts. He says:—

"Brutes copulate as naturally as they eat or defecate. It is the same, I believe, with the least civilized of the human race; but it is not so with the most civilized. * * * Among ourselves it is certain that the method of copulating needs to be taught, and they who are not taught remain in ignorance of it. * * * A few grow up, and even marry, in complete ignorance; and this ignorance, which is rare among men, is very common among educated women. (p. 271).

By a coincidence, doubtless, Dr. JOHN TODHUNTER, of Dublin, in a Report on Mental Diseases, in June last, refers to the same subject. In view of it, he thinks that, as we are often taught the procreation of children is the main object of marriage, some instruction about it were advisable.

"The truth is that a large portion of the sexual vice and disease which exist arises from gross ignorance, in both sexes, of the simplest laws of sexual hygiene. At present the general run of boys and girls are suffered to arrive at puberty totally ignorant of the nature of the sexual functions then established, or deriving a half-knowledge from the worst possible sources. To many girls the first occurrence of menstruation, the consummation of marriage, and the occurrence of pregnancy, are matters of disgust and horror; while boys are liable to fall into all sorts of evil habits without a thought of the fearful consequences, not only to themselves but to others, which may ensue. In the case of girls it may be all right that they should go to the altar as ignorant and as 'innocent' as sheep in the old times of burnt offerings; but how about boys? Are they so immaculate that it would be perilous to interfere with those unsophisticated notions respecting sexual matters which they are so prone to imbibe from the social atmosphere in which they move? Would it really be dangerous clearly to define for the average boy of civilization the new responsibilities which devolve upon him at puberty, and to disabuse his mind of the vulgar errors which he is pretty sure to catch by contagion; to point out, for example, that strong appetites, far from being a mark of vigorous manhood, are often an indication of incipient mental disease; and that in giving the rein to his lusts he is impairing the inhibitory power of his brain, and thereby weakening his whole character? But, really, it is by no means boys alone who stand in need of a little sound teaching on such matters; there are multitudes of grown-up men, that consider themselves well-educated, who are, in this respect, singularly ignorant of the hygienic relations of procreation.

"It should not be performed in the hap-hazard fashion in which it is at present, as though children were really 'sent' in a quite 'providential'

manner, and without the intervention of human agency. If the parents be not able to attain to perfect sanity and health, they should at least not perpetrate the initial act of parentage when one or both of them is actually insane, in worse health than usual, or in any degree under the influence of alcohol. The principal responsibility rests with the man in such cases, the 'rights of the husband' often being the wrongs of the wife and the children, and the race in general. It is quite time that those who have the education of the human male should, by some means, drive or hammer it into his dense moral consciousness, that his procreative power was not given him solely as a means of amusement, and that women have other functions besides that of ministering to his, often morbidly excited, appetite."

These are the words of the eminent authorities we have referred to, and they amply justify the support we have always given, in these pages, to those physicians who, out of honest motives, sought to diminish this ignorance; such writers, for example, as Professor WILDER and Dr. NAPHEYS. Now that even in conservative Britain the best men come forward so unmistakably on this subject, we trust that the disproportionate pudicity of our editorial brethren in Louisville and Boston will no longer blind them to the urgency of a real want.

## NOTES AND COMMENTS.

### "A Remarkable Discourse."

Under this heading we not long since read the following item in a daily paper:—

"FAIR POINT, N. Y., August 10th.—At the National Sunday-school Assembly, Rev. Dr. Hatfield, of Philadelphia, spoke on "The Perils of our Youth," and his remarks were the great feature of the day. One of these perils was ignorance, especially the ignorance of voters. He also referred to impurity and licentiousness, as another source of peril, and then, in closing, spoke of another sin, unknown in Catholic families. There was nothing in heathenism more horrible."

We have repeatedly, in this journal, exposed the false basis on which rests the alleged prevalence of abortion in this country. This unfounded charge was sustained by sensational medical writers, more anxious for notoriety than sedulous for truth or the good name of their country. The census of 1870 proves their incorrectness.

As regards the question of native and foreign fecundity in the United States, Prof. Walker expresses himself very decidedly: "There is not the shadow of a statistical reason for attributing to the native American population, prior to the War of Secession, a deficiency in reproductive vigor compared with any people that ever lived upon the face of the earth."

### Phosphorus Poisoning.

Some interesting experiments have recently been made by MM. Thiernesse and Casse on the value of injections of oxygen into the veins as an antidote to phosphorus poisoning, and they found that its power of neutralizing the toxic effect was very great, the symptoms of poisoning soon ceasing. The poison was in some cases injected into the veins dissolved in oil, in others administered by the mouth. The oxygen was at first injected dissolved in defibrinated blood, but it was found that the quantity of oxygen that could be introduced in that way was insufficient to counteract the poison. The injection into the veins of pure oxygen, however, was perfectly successful. The experimenters found it necessary that the gas should be pure, free from all admixture with air, and that it was requisite to introduce it slowly into the circulating current. This quantity necessarily was large, several hundred cubic centimetres being required for an animal weighing twenty pounds. The precise apparatus employed is not described.

### Management of Ozæna.

Of this disease M. Tillot, of Paris, says therapeusis has not kept up with improved means of diagnosis of the condition of the whole nasal tract by means of specula and the laryngoscopic mirror. The method, however, which he pursues, and with a considerable degree of success, is simply as follows. 1st, Medication directed against the diathetic state of the patient; 2d, free cleansing of the mucous membrane from all crusts of inspissated secretion; and 3d,

direct applications to the membrane. The third object is obtained by means of slightly astringent powders, or by the administration of these substances suspended in water and used in the spray producer. M. Tillot has used for that purpose the mineral waters of St. Christian (Basses Pyrenées), which is a nearly cold, odorless, tasteless water, containing iron and copper, with some traces of iodine and arsenic. He appends several cases, both of simple chronic rhinitis and of ozæna, in which the adoption of this plan has led to considerable relief, and often cure.

### Coryza Snuff.

A correspondent of the *Tribune Médicale* declares that he is always able to render an attack of coryza tolerable by the local use of tannin. For adults he employs the following kind of snuff:—

| | | |
|---|---|---|
| ℞. Tannin, | gr. ¾ | |
| Pulv. althææ, | gr. xv | |
| Tinct. vanillæ, | gtt. iv. | M. |

A pinch four or five times a day.

### Oxygen in Congestion of the Brain.

Dr. Tamin-Despalles has brought before the Paris Academy a case in which he met with a great success. The patient had cerebral congestion, with complete paralysis of the right side. Pure oxygen was inhaled. After a few inspirations the patient declared he felt better. Gradually the power of movement returned to the paralyzed side. Some hours later an abundant excretion of urine occurred, and the patient was able to stand upright. Ten litres of the gas were inhaled.

### A Cure for Drunkenness.

The American *Journal of Pharmacy* says that in Russia, for some time past, Herba serpylli (wild thyme) has been used with great success to effect a permanent cure of drunkenness: in case of a relapse (only after years), a short treatment will effect a cure again. The treatment consists in making an infusion of wild thyme (1½ oz. to 1½ pints), and giving the patient a teacupful every half hour. The next day it is given every two hours, and then four to six times a day until the cure is complete, which generally takes from 2 to 3 weeks. The effects are in the following order: vomiting, diarrhœa, increased urine, strong transpiration; then, generally, increased appetite and craving for acidulous beverages. The diet easily digested food, and lemonade or other acidulous liquids.

### Female Attendants on the Insane.

Some English asylums are trying, and with excellent results, the employment of female instead of male attendants in asylums. It has a humanizing effect which is very evident. The Commissioners of Lunacy say, in their Report:—Another arrangement, followed by the most complete success, is the employment of women only in the male infirmary. This ward now contains forty-three inmates, who are attended during the day by four nurses, and who are watched at night by a fifth specially appointed for that purpose, and having no other duties. Nothing could be better than the state of this ward and its inmates."

### Effects of the Inhalation of Chloroform during Parturition, on the Fetus.

It is stated in foreign journals, that Dr. Sweifel, of Strasburg, submitted the placenta to analysis, by distillation, in a case where chloroform had been inhaled, and obtained chloroform, recognized by several accurate tests. He has also found that the urine of new-born children whose mothers had used chloroform reduces Fehling's solution, and has, moreover, observed that the expired air of such children has, for several hours, a well-marked odor of chloroform. Dr. Sweifel, arguing from these facts, concludes that the chloroform inhaled by the mother passes into the circulation of the fœtus.

### Material Reasons.

A writer, Mr. S. M. Bradley, in the *Journal of Mental Science*, pushes the material view of motives to a singular extent. He says:—

"It is easy to understand how disease will often modify or even quite change a man's moral nature. Solomon, with inflamed frontal cells, becomes a raving maniac; and we have but to irritate his parietal cells to turn Diogenes into a pickpocket; excite the cerebellum, and Joseph is turned into Don Juan; the melancholy Jaques is nothing but Mark Tapley under a bilious attack; and a Bismarck is metamorphosed into a Louis XI, by an attack of chorea. The mere presence of some foreign element in the blood will produce pretty much the same effects without special lesion occurring in any part of the nervous system."

# Correspondence.

## FOREIGN.

### The British Medical Association.

Edinburgh, August 6th, 1875.

Ed. Med. and Surg. Reporter:—

Pursuant to promise, I send you, at the earliest moment, a sketch of the proceedings of the British Medical Association, which commenced its forty-third annual meeting in this city on the third instant. Somewhat over a thousand members were in attendance, and the session has been a spirited one.

On the first day, August 3d, the proceedings opened with service in St. Giles Church, when a sermon was preached by Rev. Dr. W. L. Alexander, Augustine Independent Church. At 3.30 the first general business meeting was held, when Dr. E. Copeman, Norwich, retired from the Presidential chair, which was taken by Sir Robert Christison, Bart., the President-elect. In a long address, which Sir Robert thereafter delivered, he traced the rise and progress of the Edinburgh Medical School, showing what, in his opinion, had been the causes of its success; and afterwards entered on a discussion of the mode of entrance to the medical profession, controverting the proposal to have a "one portal" system, and contending that a number of efficient examining bodies would be of more advantage to all concerned. The report of the Council, which was then presented and adopted, was a very encouraging document. For the past year the income had been £9539, against £8773 in 1873; and the number of new members enrolled had been 859. The number of members now on the list is 6112. In the evening the President's reception took place in the Music Hall and Assembly Rooms, and was attended by over 1600 ladies and gentlemen.

On the next day the Association got into full swing. After a considerable number of the members had spent a portion of the morning in witnessing a demonstration, by Professor Lister, of antiseptic surgery, the second general meeting was held at the University, when, on the recommendation of the Council, it was resolved that next year's meeting be held at Brighton, under the presidency of Sir J. Cordy Burrows. The question of female membership was introduced by Dr. Pemberton, who, alluding to the appearance of two ladies among the contributors of papers, complained of their having been admitted to the Association without the general voice of the body having been taken on the question, and moved that the secretary be instructed to obtain by circular the opinion of every member, Yes or No, as to the admission of female practitioners. After a brief discussion, in which the merits of the question were purposely avoided, the motion was agreed to. Dr. Warburton then delivered an interesting address on the ancient and modern practice of medicine, after which the members distributed themselves over the various sections, and devoted the afternoon to the reading and discussion of papers. A conversazione, given by the College of Physicians at the Museum of Science and Art, and attended by 1563 ladies and gentlemen, brought the day's proceedings to a close.

The next day, at the convening of the meeting, a report from the Council submitting proposals for a State medical qualification was unanimously adopted. An address was afterwards delivered by Professor Spence, on the progress and present position of surgery. The afternoon was devoted to sectional business. In the Section of Public Medicine, Dr. Lyon Playfair, M. P., gave an address on the relations of Government to public medicine. The question of restraint for habitual drunkards was subsequently raised in this Section, by a paper from Dr. Peddie, and after an animated discussion a resolution was adopted, affirming that legal provision should be made to render such restraint attainable.

The sections have been very active, and many valuable scientific papers have been offered, synopses of which you will find in the Journal of the Association. Yours, Observer.

## DOMESTIC.

### On "Driving in" Skin Diseases.

Ed. Med and Surg. Reporter:—

In No. 960 of your journal you publish an article from Dr. Nye, on "Driving in Skin Diseases." The Dr. seems to view the subject with fear and trembling, and yet his prescription for the single case he reports is bold in the extreme. I will state, in the beginning, that, after a very large experience, of over thirty years, in the observation and treatment of those diseases, and especially those peculiar to young children during the period of dentition, which affect the head and face, I am of the opinion of Dr. McCall Anderson and others, that if they are driven in at all it is seldom and with difficulty, and pustular diseases not at all.

Now the cases reported by Dr. Nye he seems to regard as conclusive, and predicates his opinion upon them. Let us look at them for a moment. In the case that came under his own care as a physician we are informed of the treatment. The child's head, he tells us, was "almost entirely covered with scab;" after some threatening and some solicitation, upon the part of the parents, he prescribed

℞. Hydrarg. bichloride, ℈
Alcohol, ʒiv. M.

and directed that it be applied to the parts affected, sparingly, once a day, but instead, it was applied "frequently and freely;" the result was, in a few days constitutional symptoms of a grave character came up, and in less than a week the child died. Now the question natu-

rally arises in my mind, was the *disease driven in*, or was the *medicine taken in?* In such cases there is always more or less raw surface, where the scabs have been removed by washing, rubbing, rolling upon the pillow in bed, scratching, from a desire to appease the itching in the parts, and thus the absorbents are laid bare. Now would Dr. Nye or any one else give a portion, ever so small, of the above recipe to a child, or any one else, hypodermically? And where is the difference? Is it not so used when applied to a raw sore when the scab has been removed? The first case reported had been thoroughly prepared, so to speak, and was consequently much more speedy in its termination. The parts had been soaked with poultices during the day; the absorbents, by the application of warmth and moisture, fully aroused to action, and when the wash, as he says, was applied in the evening, they were ready at once to do their work, and did it, most effectually, as the sequel proved. Query: Could the disease in this case have been driven in in an hour's time, so as to affect an internal vital organ to the extent of causing the child's death? Did the disease disappear from the surface? We are not informed that it did: or, was the medicine applied to the surface *taken in?* These are questions, to my own mind, easy of solution. I leave the reader, however, to solve them for himself.

While considering this subject I will, if you consider the remarks worthy of your columns, give some of my own experience in the treatment of those eruptions peculiar to children during the period of dentition: and this I cannot do more clearly and briefly than by quoting some remarks by the writer, published in the Chicago *Medical Journal*, vol 21, p. 276, June 1864, and from which I have not since seen proper to deviate.

"I have, during the last fifteen years, treated many cases of these diseases, of various grades of violence, and have found more good resulting from the use of creasote than from all other articles which I have used. (I took the suggestion to use creasote from the well-known virtues of the tar cap in porrigo scutulata).

"The diseases in which I have found it more particularly useful are impetigo and porrigo, and more especially of these, porrigo larvalis of Millan and Bateman, or impetigo larvalis of the French writers. This variety, affecting young children during dentition, is a source of much annoyance both to nurses and doctors, to say nothing of the more serious consequences which may result from its long continuance and neglect, when it seems to baffle alike the skill of practitioner and nurse.

"This variety (for a description see Wood's Practice of Medicine) sometimes discharges fluid so copiously that scabs cannot form; it is in such cases that I have found the creasote to act most advantageously, as also in the particular cases of eruption of the scalp. I have been much gratified with its results. Indeed, it has given entire satisfaction in almost every case where I have been able to fairly test its virtues. The manner in which I have found it most beneficial is in the form of an ointment, prepared according to the following formula:—

| | | |
|---|---|---|
| ℞. | Adeps preparata, | ℥j |
| | Creasote, | gtt.xxv. |

Mix on a clean tile or plate until the two are thoroughly incorporated; apply the ointment with a camel's hair-pencil, or the tip of the finger, to the parts affected, twice a day, cleansing them well with fine soap and rain water once a day. If the ointment in this proportion should be too strong for the particular case to which it is applied, the inflammation will be increased; this should be an indication for lessening the creasote. If, on the contrary, it is too weak, the eruption will heal very slowly, or not at all, which is an indication for greater strength."

During this treatment I have almost invariably given Fowler's solution internally, in the following manner, viz: to a child from two to six months old, gtt.j; from six to eighteen months, gtt.iss; from eighteen to twenty-four months, gtt.ij, three times a day, to be continued from three to six months, as may be indicated. As children in the condition above considered, though healthy at first, generally grow pale and sickly as the disease is protracted, and will, in some instances, succumb eventually, the use of Fowler's solution, or something similar, would be very apparent, in view of its well-known efficacy in promoting nutrition and assimilation. J. E. Lyons, M. D.

*Huntington, Ind., August 6th*, 1875.

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### Medical Notes from Albany.

Ed. Med. and Surg. Reporter:—

The water supply, its condition and character, has been discussed very freely by the profession here for the last two years. The politicians and authorities, after asking the opinions of the medical societies, ignored them altogether, and notwithstanding the protest against it, have laid down elaborate pipes and apparatus for supplying the city with water from the river. The river, within six miles, receives the drainage of eighty thousand population and numerous factories, with two large canals, and the Mohawk river, the current being slow, and the descent small. From this stream of pollution, Albany is to receive the water for all purposes. The location of the city is admirable for natural drainage, and the general health of the city is good. As in the larger cities, the rivalry of hospitals and hospital staffs affords an outlet for the combativeness of the profession. The City Hospital (the oldest institution) has been recently enlarged, and several new wards fitted up in excellent style, one for children, quite a model in its way; also the steam elevators, and apparatus for heating, ventilation, etc. St. Peter's Hospital, under the charge of the Sisters of Mercy, has been very much improved and enlarged. Although both hospitals have ample room, yet, a third, called Children's Hospital,

has been organized. The Medical College, since its consolidation with Union College, in what is called the Union University, has materially grown stronger. Its classes are larger, and the curriculum has improved. The faculty advertise that next year they will require all students to pass examination on entering, or bring certificate of academic studies of the standard adopted by the board of Regents of the State of New York. Of the faculty, probably Prof. J. H. Armsby, the President, is best known. He has been a medical lecturer in this and the old college at Castleton for nearly forty years. As a lecturer on anatomy, he has had but few equals in the country. Since the death of Prof. Alden Marsh, he has taught surgery with the same grace and perspicuity. This college possesses one of the best museums of pathological specimens in the country. Years ago the faculty vied with each other in presenting yearly to the museum collections of natural specimens to illustrate subjects, etc.

It is to be regretted that the same spirit does not prevail at present. A photographic gallery is attached to the college and hospital, where specimens of healthy and morbid tissue are photographed on glass, and subsequently used for class illustrations. Besides surgery and ophthalmology, no other specialities are followed exclusively here, the profession doing general practice as it comes. There are three dispensaries and two infirmaries, which give free services and medicines to the poor. They are crowded generally from day to day. A large number of surgical cases are constantly here from the neighboring towns, and the terminus of the canals and railroads make this a centre of medical importance. An opposition party secured a charter for another medical college two years ago, but so far have not attempted to put it in active operation. A few years ago Albany was reported to have more old men in active practice than any other town in the country. This is now reversed, and not more than half a dozen men in the neighborhood of sixty are doing any practice. In a Western town of a few years' growth, this is not unusual. But here, where society has become fixed and fossilized through the changes of two centuries, (Albany being the second oldest town in the United States) it is almost anomalous. C. T.

## News and Miscellany.

### Leech Hunting in Pennsylvania.

This is a local industry along the lower Delaware. Pennsylvania leeches are considered the best native sort, and our hunters supply the Middle States as well as their own. They have several methods of catching them, such as driving horses and cattle through shallow runs, when the leeches take hold of their fetlocks. Another ready means of taking them is by laying a bait of liver in the water, of which the leech is very fond; but the surest and quickest way is to stir them up out of the mud and scoop them out with a small net on the end of a pole.

The worthless horse leech has not diminished, but luxuriates in swarms, being permitted to live unmolested save by its natural enemies. They are all black, and easily distinguished from the medical species of commerce, which is about as long as the index finger of a lady's hand. Its skin is also black, but it is edged with a yellow line on each side and yellowish spots on the back; and the belly, which is of a neutral red, is also marked with yellow spots.

As they are only caught in the spring and during the early part of the summer, it is necessary to lay in a winter supply, which is placed in a covered glass jar, to admit light, and the water changed three times a day. They require no other sustenance, deriving their food alone from the unseen things of the water.

### Medical Exclusiveness in Chili.

Our esteemed correspondent, Dr. Gazzo, of Louisiana, informs us that, by a decree of the government of Chili, no physician holding foreign diplomas will be permitted to practice in that Republic. Our correspondent justly condemns this narrow policy.

### Situation Open.

A capable young or middle-aged physician can obtain a post as assistant in a private Hospital for mental disease. Salary $500 per year, and found. Address the editor of this journal.

### Personal.

—Prof. Lister, of antiseptic fame, has been making a tour which might be called a triumph, through Germany. The faculty and students in Leipzig gave him a banquet, garnished with original poetry, of which we append a couple of stanzas:—

Scalpiren ist jetzt ein Plaisier;
Die Kopfhaut heilt per primam schier,
Und progressive Eiterung,
Kennt man nur nach der Schilderung.
Laudoria, Laudoria,
Die goldne Zeit ist wieder da.

Das winzige Bacterienvieh,
Für immer ist es todt. Hi, hi!
**Der Lister hat es umgebracht.**
**Ein Hoch ihm, das den Saal durchkracht!**
Laudoria, Laudoria,
**Ein Hoch ihm, diesem Hopsasa!**

## QUERIES AND REPLIES.

*Dr. Geo. W. H., of Kansas.*—You are right in your condemnation of the physicians who published, or permitted to be published, the account of the operation. But it would be useless to call public attention to it, beyond that of the medical societies to which they belong.

*Dr. W. R., of Mass.*—We understand the Myrtus Acris to be meant.

THE

# MEDICAL AND SURGICAL REPORTER.

No. 966.] PHILADELPHIA, SEPT. 4, 1875. [Vol. XXXIII.—No. 10.

## Original Department.

### Communications.

### MEDICINE AMONG THE ABORIGINES.

BY DR. G. B. KUYKENDALL,
Of Fort Simcoe, Washington Territory.

Almost every one has seen or heard of certain nostrums claimed to have originated among the Indians.

While we are aware that most, if not all these Indian remedies, together with their makers and venders, are vile shams, we are equally aware that to the American Indians we are indebted for a knowledge of some of our most potent remedies.

A residence of three years at Fort Simcoe, Washington Territory, as physician under government employ, has brought me into daily contact with the "noble red man," and has led to a study of his habits of life and modes of medical practice. Among all tribes, however rude and uncultivated, we find some kind of system of medicine, and some form of religion, and often the two are intimately blended. Among these Indians there are both male and female doctors. The medicine men never give any medicine, while the doctresses use a variety of roots, barks and herbs.

The men claim to cure by the aid of a patron spirit, the "*tamán-a-wis*," which follows and helps every true doctor. The healing power resides in the doctor himself, as a spirit or emanation, and while the doctor powwows over the patient, the healing virtue goes out, and kills the disease.

These doctors are believed to have power to kill people, by a sort of witchery; they can cause any one to sicken or die, whether that person be present or not. When any one dies, the doctors are always blamed with the death. Their belief is very similar to that of the African tribes, of whom accounts are given by Dr. Livingstone. The doctors wield a wonderful influence over the people.

During a sickly time a general superstitious gloom falls upon the people; a deathly dread takes hold of them. The doctors are angry, and are killing off the people, and each one fears he may next be the object of their vengeance.

The Indians have little or no idea of the nature of any constitutional disease. Any ailment for which they can see no palpable cause is regarded as a kind of invisible entity, which fastens itself upon the organism, and does its work of destruction.

They describe disease as eating them, pulling, pinching, tearing or burning them. It "walks," or "runs" from point to point, or from limb to limb. They often undertake to tell the size of the "sick." Not long ago one told me he had a sick about "so long"—measuring on his finger the length; he said he thought the sick was of a "green color." Notwithstanding the manifest absurdity of such an idea, this man was not so very ignorant about ordinary matters as one would suppose from his explanation of his disease.

The Indian idea of disease is nearly always of something getting into the body, or locating itself upon it. In case of bad smelling discharges of any kind, they sometimes speak of the body, limb, or parts being "rotten inside." The Indian doctor's powwow is about one half

religious ceremony; and the doctors are frequently considered to be great prophets, or teachers of religion.

The doctoring ceremony consists usually in pounding, or drumming with little clubs, on some poles or boards, laid down before the drummers, who may number from half a dozen to fifty or more men and women. As the pounding is going on, a doleful howling or lamentation is kept up. while one has a vessel of water, and sprinkles it around, and makes various mysterious signs. The doctor takes water in his mouth, and blows it in a fine spray over the patient. Ominous passes and strokings over the sick one are then gone through with, and finally the doctor claims to have killed the disease. Sometimes he claims to have the disease in his hands, and will cut it up with a butcher knife, and then blow it away with a puff of his breath.

When the disease is supposed to be located in the chest or abdomen, it sometimes has to be drawn out with the mouth; on these occasions the services of the doctresses are called into requisition. The people have wonderful faith in this sucking process; they believe these women doctors can draw poisons out of the stomach through the abdominal walls.

Quite an intelligent Indian told me last summer that an old woman drew from his stomach a quart of whisky, which he drank twelve years ago. It seems that he used to be quite a toper, and has reformed since, but his conscience was not quite easy about the matter, and he thought the whisky was still aboard.

The Indians have a very generally received idea that a medicine or poison may remain in the stomach almost any length of time. If they get a dose of purgative they sometimes become greatly alarmed if it does not operate vigorously, and frequently they call for an emetic to bring up something they swallowed months before. The Indian naturally wants to follow the traditions of his fathers before him. These old ideas, that have come down for generations past, are very difficult to eradicate. The Indian will learn to read and write, and become quite well informed, and skillful as a mechanic, and still believe all this flummery about the Indian doctors.

Scrofulous sores and old running ulcers are usually considered to be caused by a very small worm working into the tissues. This idea originated, I suppose, in their seeing maggots in the sores on their horses' backs. This worm they call the "*shi*." Among the female doctors are those professionally skilled in sucking out these worms. Of course they get handsomely paid in ponies, blankets, or other articles of Indian wealth, for this delectable job. I have recently seen an account, given by a Japanese missionary, of an operation in the moon-eyed Celestials' dentistry. The Japanese dentists say that hollow and decayed teeth are caused by the ravages of a worm, which they claim to take out and thus cure the complaint. This they do with a "cunningly devised" forceps, which conceals a worm. With this instrument they gouge around the tooth, and finally, with a dextrous movement, bring forth the worm, and exhibit it to the wondering patient, who is happy to pay a snug price for the operation.

I fancy the Japanese operation for the tooth worm is more agreeable than the process of sucking out the "shi." It is wonderful what a hold superstition can get upon the minds of men. No matter how foolish or injurious a practice may be, so it is sanctioned by tradition and custom, it will be followed. Some of the Indian performances here remind me of the account given in the Reporter, some time since, of the South Pacific islanders scraping skylights into their skulls, with a shark's tooth or piece of glass. The islanders certainly have the more illuminated minds of the two races.

These Indians have long known the cause of itch, and some of them are said to be expert in finding and extracting the acarus. Whether this knowledge is original with them, or has been communicated by the whites, I am unable to say. I presume they discovered the parasite themselves.

Thinking, some time since, to enlighten one of them as to the cause of his troubles, I began to explain to him about the acarus; he seemed much surprised that white people knew anything about the parasite. He said all the Indian people knew about the itch insect. It is a curious matter of history, that the acarus was known at least three and a half centuries before the Christian era, and was familiar to the Arabians, Greeks, and Romans at a later period, and that afterwards, as late as 1812, there should be so much skepticism concerning the existence of the animal, that the Academy of Medicine of Paris should offer a prize to any one who should produce and exhibit it to the faculty. It is still more strange that the medi-

cal literati of the French capitol should be humbugged by the exhibition of a meal mite, and the trick go undiscovered for years.

If the Indian doctors had only had an opportunity before the gay Parisians, they would undoubtedly have distinguished themselves, and indelibly associated their names with itch literature. As it is, they have to content themselves by an association with the disease itself; which association is liable to continue for some time, without a marked change in the habits of some of the noble Lo's.

### THE ACTUAL CAUTERY

is in great vogue with the Indians. They use, for cauterizing, a small iron, which makes an eschar about the size of that produced by the instrument proposed by Sir D. Corrigan, familiarly known as the button cautery. So popular is this instrument among the Indians, that perhaps a majority of them have had it applied some time during their lives, the scars remaining to testify to the fact. In chronic rheumatism, neuralgia, and deep seated pains of nearly all kinds, if other means fail, they usually resort to the hot iron. If one may judge from the general use of the remedy, and the reported results, he may conclude that it is as potent for good as it is painful to endure.

Some time since I had under treatment a hypochondriacal fellow, who either had, or pretended to have, extensive cutaneous anæsthesia. On making him a visit, I found his limbs covered with sores, resulting from the actual cautery. He seemed to have at that time a notable amount of the sense of feeling, especially in the vicinity of the sores, so that he had arrived at the conclusion that his cutaneous surface was not entirely dead yet.

The Aborigines have little or no idea of the antiphlogistic, or derivative action of cathartics. They put on a very serio-comic air when recommended to take saline purgatives in cases of local inflammation. Not long ago one of the chiefs was relating to me, in a very amusing manner, the way the physician stationed here a few years ago did. Why, said the chief, "Dr. M., gave pills for everything. If a man had a fever, it was pills; if he had headache, he must take pills; if he sprained his leg, he must have pills!" He then went on to relate how he got a large sliver into his thumb, and neglected to come to the doctor until it was badly swollen and feverish. The doctor thinking to moderate the febrile symptoms, prescribed as part of the treatment a saline purge. Said the chief, "I don't understand the white man's medicine. If my belly was sick, I could see the use of a cathartic; but I don't understand how salts could work a sliver out of a man's thumb!" They have great faith in cathartics if there is anything wrong in the intestinal tract.

Emetics are favorite remedies with them, and they, in the absence of better means, used to run a twig down their throats, to provoke vomiting.

The Indian will generally bear, and require a larger dose of medicine than a white man. When he takes an emetic, or purgative, he expects it to operate heroically, and produce visible results.

### FEEDING THE SICK

is much insisted on by them. Whenever any one cannot eat he is considered to be very sick; which is usually the case with the Indians, for an Indian is generally hungry until he is dead, or about to die. They always persist in trying to get the sick ones to eat a little something every few hours. In this I believe they are right, for they often feed patients through attacks of illness that, under the old blood, salivation, and starvation system would prove fatal. It is true they sometimes overdo the thing, but then they send the patient into the happy hunting grounds with a full stomach, and that is a great consolation to a red man.

Really, I am convinced, from observation, that we are not careful enough to feed the sick as often as they should be fed. The members of the profession are beginning, however, to wake up to the subject.

The Indian has a great dread of the stomach's getting empty. If this viscus and the intestines become empty, the people say the patient is likely to grow worse and die. Indeed, it seems perfectly reasonable, that if the stomach is for a long time empty, and its walls collapsed, and the intestines are without contents and flaccid, like the sword of "Toledo Trusty," they may "eat into themselves, for lack of something else to hew and hack."

Another thing the natives here pay much attention to, is the changing of the patient's position in bed. Unless the invalid is very ill, he is kept in a half sitting posture, so as to throw the weight of the body upon the glutei.

So careful are they in regard to the position of the sick, that in the treatment of several thousand cases among them, I have never but once seen a bed-sore. It is probable their integuments are more resisting and tough, and their habits of sitting and lounging may have something to do with the result. In case of fevers, they are very particular to give the patient plenty of water. They say it would be a very dangerous thing for a patient to get "dry inside."

SURGERY AMONG THE INDIANS

is in a comparatively rude state of advancement. This, with them, seems to form no part of the doctor's duties, and the most skillful, bold, or experienced hand is called, as circumstances or convenience may demand. They remove small tumors, and are versed in the use of the ligature. Horse hair is the ligature generally in use among them. Bloodletting is extremely popular among them; so much so that it is not by any means a "lost art." They very frequently resort to bleeding, but so far as I know, seldom or never as a general antiphlogistic measure. The blood is generally taken from the supposed seat of the disease. In severe pains of the head they open the temporal, or post auricular vein or artery. Wherever the pain is, there they make the attack, believing the cause of the trouble to be a local congestion. Of the real philosophy or physiology of the circulation, they are ignorant. Instead of using cupping glasses, they suck out the blood with their mouths; which operation is done frequently quite efficiently.

In cases of fractures, they are really skillful in inventing and applying splints and bandages. The use of the roller is unknown to them. Fractures treated by them usually progress satisfactorily, and make good recoveries. Instead of our starch bandage, they mould to the limb green rawhide, which, drying, makes a perfect fit and an inflexible splint, which gives a firm and equal support to the limb. Another splint they frequently use is made of a number of light thin slats fastened together with a buckskin string, so that the slats shall all be parallel, and about their width apart. This flexible lattice work is properly padded, and wrapped about the limb, and the slats at either end of the splint are drawn together, or nearly together, and tied, thus forming a light and elegant dressing for many fractures of the limbs. This splint they frequently use to prevent movements of rheumatic limbs. They are very skillful in devising supports for weak and diseased parts, strapping the mamma in case of abscess, and bandaging the thorax in all pulmonary inflammations. They get a root from the mountains, that has a taste intermediate between that of calamus and senega. They use it much in pulmonary complaints, and I think it is an excellent remedy in these diseases. I have not been able to see the shrub growing, and cannot give its botanical name.

For glandular enlargements they use the ashes of a fresh water plant; they claim that it is quite efficient as a sorbefacient. It would be a matter of interest to know what its remedial power depends upon. My time has been so fully taken up that I have not been able to give much attention to the study of their materia medica

Strange to say, the Indians generally have no confidence in local applications of water. This arises from the prevalent idea among them that a medicine, to do good, must be very "strong." When I tell them that they ought to keep wet cloths upon the heads of their fever patients, and sponge the surface with tepid water, they say "*wako skookum lemitseen*" (not strong medicine). They have much confidence in the power of soap. It is almost a universal custom with them, before applying any kind of local remedy, to wash the part with warm water and soap. Washing cannot be said to be considered a luxury by the wild Indian, during health, except in the heat of summer, when they go into the streams to bathe and cool themselves.

The Indians are a scrofulous race. In former times syphilis was almost universal among them, and the whole blood, and every tissue of their constitutions, have become degenerated. On this reservation, with a population of 4000 Indians, there are at the present time remarkably few cases of syphilitic disease; but the disease, in former years, has sowed the seeds of decay in their constitutions, and we have the scrofulous diathesis prevailing almost universally I believe a large majority of them have had indolent swellings of the glands about the neck and face. Fully half of them have had scrofulous ulcers. Many suffer from caries of the bones, and spinal deformities. Tuberculosis is fearfully prevalent. Diseases of the eye are remarkably common. Scrofulous and purulent ophthalmias are very common,

and granular lids scarcely less so. Pterygiums are astonishingly frequent. You scarcely find a dozen Indians together, without some one or more of them has a pterygium, either in its incipient stages of growth, or further advanced. The scrofulous diathesis, operated upon by the continual smoke of their lodges, and the dust and wind of the spring and summer, produces a long list of chronic ophthalmic ailments, which it is almost hopeless to try to remedy, from the fact that you can't remove the cause that produced them. Cancerous disease is seldom seen among the Indians.* Only one case has fallen into my hands, an encephaloid of the eye. Cutaneous diseases are almost universal. Scabies, impetigo, eczema, and various squamous diseases, are daily met with in practice. The scrofulous diathesis renders the skin and mucous membranes peculiary vulnerable.

All the epidemic contagions and exanthems are more than ordinarily severe and fatal among them. An epidemic of measles visited the people a year ago this last winter, and made sad havoc among them. A large per cent. of the cases were complicated with, or were followed by, bronchitis, pneumonia, or œdema of the glottis.

The Indian mode of treating the disease is about equivalent to murder. They have what they call sweat houses; these are from 4 to 6 feet in diameter, and 3 or 4 feet high. They are made by bending a lot of small poles into curves, like an old-fashioned wagon bow, and the ends are put into the ground, so as to form a sort of coop, over which straw, and finally earth is thrown. Stones are heated in a fire on the outside, and the patient goes into this primitive bath room with a vessel of water. The stones are passed in, and a mat or cloth is thrown over the little hole in the side of the hut which answers for a doorway. The invalid then pours the water upon the hot stones, in this way making a dense hot steam; in this he stays as long as he can endure it, and then comes out reeking with sweat, red as a boiled lobster, and plunges into a cold stream of water. The sweat houses are always on the bank of a stream. During the winter before last they practiced this steam system quite extensively on the outskirts of the reservation. It being midwinter, and the waters all frozen, they had to cut holes through the ice, for the patients to jump into. I am credibly informed that, some years ago, during an extensive epidemic of small-pox, the Indians pursued the same course of treatment, with the most appalling results.

I find among these people a belief in the popular idea that the emotions of the mother, at a certain stage of pregnancy, have a strong influence in producing marks upon the child. It is a curious fact that this idea should have been so prevalent among nearly all nations and tribes, from remote antiquity. This universal belief is certainly a reason for suspecting there must be some truth in it, some way. Some of the Indians believe, even, that the emotions of the *father* are reflected upon the child. An amusing proof of this occurred some few months ago. A child was brought to the dispensary to be treated for a very singular looking congenital defect of the scrotum. The integument of the anterior of that viscus was gone. It appeared as if it had been cut away with a knife; the edge of the flesh was raw, but appeared inclined to heal. Upon making inquiry as to the cause of the difficulty, the parents could give no account of the matter, except that the father stated that he believed it was because that, about the time his wife became pregnant, he had stood by and witnessed the castration of a colt.

Obstetrical operations are seldom if ever resorted to. The females usually have short labors, and seldom keep their beds more than one or two days. I have known of but few fatal cases of post-partum hemorrhage among them. In fact, they never call on the physician for aid in their confinements. They use no bandages. The process of parturition is trusted wholly to nature until considerable time has elapsed. The old women among them then change the position of the woman, and frequently manipulate the fœtus through the abdominal walls. I believe they never perform any manual or other operations inside the uterine or vaginal cavities. They sometimes call for medicine for after pains, which I believe are not very uncommon among the multiparæ. Morning sickness is not very unfrequent, but usually is of very small moment, though I have been consulted on account of an extremely bad case. They nearly always come to the dispensary before their expected confinement, for a parturifacient remedy. They confidently be-

*Since writing the above, another case of cancer has been brought to the dispensary, a case of schirrus, I think, though I have not thoroughly examined so as to make a clear diagnosis.

lieve that we have medicines that will give them speedy and safe deliveries. The wild rye and other grasses here abound in ergot, and it is a little curious that they should not have discovered its ectrotic powers.

The infants, when born, are considerably shorter, on an average, than those of the white race. The little fellows, as soon as born, are lashed upon a board, so that they can make no movement of either head, hands or feet. A piece of rawhide or of some strong cloth is tightly drawn over the chest, abdomen, and front of the legs, the child being first wrapped in cloths or pieces of blanket. The male organ, being a privileged member, is allowed to stick out through a hole in the covering, being exposed in all weathers, hot or cold. The object of this arrangement is obviously to allow the urine to pass off without wetting the clothing.

The female infants, owing to peculiarity of structure, are not so easily managed.

We seldom hear of female weaknesses among them. Old women of from sixty to eighty years will walk from their homes to the fort and back again the same day, and carry quite a load besides, making a distance of from seven to twelve miles.

The Indians are a peculiar people to treat for disease. As long as a physician has perfect success, and all the patients recover, he is a hero, and his praise is in all their mouths. Should, unfortunately, one die, no matter under what circumstances, the scale is turned exactly in the opposite direction. They are strangely under the dominion of superstition, and even the most intelligent of them, those who are ashamed to openly acknowledge their belief, have a lingering dread of the Indian doctor's power to kill. The idea of spirits, an unseen power, an invisible, mysterious something, fills them with a superstitious dread.

In former years the custom among them was to kill the Indian doctor if a case died on his hands. Contact with the whites, and the instructions of Missionaries and Christian Indian agents, have taught the people the crime of taking human life. In many cases, perhaps, the fear of the law prevents them from wreaking vengeance upon these supposed tormentors. Often the people employ the Indian doctors through fear. I have asked them, "Why do you call your Indian doctors, do you not see that nearly all whom they doctor die?" The answer is, "We want to keep them on good terms with us. If we never employ them, they will get bad hearts toward us, and kill us all."

Notwithstanding the doctors claim so much power, and the people stand so much in awe of them, they never undertake to treat themselves for disease. They invariably come here to the dispensary for medicine. They are, in this instance, a verification of the old adage, "Doctors never take their own medicine."

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## OVARIOTOMY.

BY R. STANSBURY SUTTON, A. M., M. D.,
Of Allegheny City, Pa.

On the 20th of August, 1874, Miss A. Mc—— residing in Pittsburgh, presented herself at my office for treatment. She was 24 years old; her face was full, color good, and she complained of nothing excepting a burning pain in her left mammary gland. Examination of both glands revealed no difference in size, shape or complexion. Pressure over the right elicited no pain. Pressure over the left elicited the pain complained of, which was also produced by pinching up the skin covering the gland. The gland was soft; there was no darkening of the areola around the nipple, no milky secretion in the glands. Both were apparently slightly swollen. She menstruated regularly as to time and quantity, and had observed nothing wrong with the color of the flow. There was no morning sickness. In answer to the question, "has there been any increase in the size of the abdomen?" she replied, "No, but my bowels are constipated." This pain had been annoying her for about six weeks. I prescribed belladonna liniment for the breast, and some laxative pills for the bowels, and requested her to return after a week had elapsed. After a lapse of eighteen days she returned on the 7th of October. The pain in the breast is more constant and greater than prior to her first visit to me. Inspection revealed nothing new. She menstruated a week ago. I suggested an examination of the abdomen, saying that possibly the pain in her breast was symptomatic of ovarian disease. She replied "I never had any trouble down there."

The exposed abdomen, as the patient lay upon her back, did not seem fuller than natural. Yet it was not flat. More careful inspection showed that the left iliac region was slightly more prominent than the right. The fingers

pressed down in the hypogastric region, between the pubic bone and umbilicus, met with resistance. On percussion, dullness was detected throughout the hypogastric region, and extending upward as high as the umbilicus, and extending over the greater portion of the left iliac region and a little of the lower and inner portion of the left lumbar region. The right lumbar and right iliac regions were clear on percussion, as were also that portion of the umbilical region above the umbilicus, and nearly all of the left lumbar. Palpation revealed fluctuation over every portion of the surface dull on percussion, and no fluctuation where percussion had given clear sounds. No change in position changed the limit of fluctuation, or altered the character of the sounds on percussion. This proved the absence of ascites and that the fluid was encysted. A catheter passed into the bladder proved that it contained less than two ounces of urine. Pregnancy had already been excluded. A sound passed two and a half inches into the uterus, which was high in the pelvis and retroverted. The position of the uterus is too high for a cyst of the broad ligament. When the uterus is moved about, a hand resting above the pubis does not detect motion in the cyst. It is not, therefore, a fibro-cystic uterine tumor. By careful measurements, made in the erect posture, I discovered that the distance from the umbilicus to the superior spinous process of the ilium, on the left side, was a fraction greater than on the right side. The circumference of the left side of the body was slightly greater than that of the right side, measuring from the median line, just below the umbilicus, to the spinous process of the vertebra. I now proposed to sink a hypodermic needle into the cyst, and thus to procure some of the fluid for microscopic examination. The patient refused to permit the introduction of the needle. In answer to her question, "do you find anything wrong," I replied, you have a small ovarian tumor. I now pass over a period of eight months, during which the cyst developed with great rapidity, the patient lost much flesh, and the "facies ovariana" became well marked.

June 7, 1875. I visited her at her own home. She was very large; much annoyed at rumors among her neighbors that she would soon be confined, and exceedingly anxious for an operation. I put her upon the following preparatory treatment:—

*℞. Lithiæ carb., gr.j
Potass. bicarb,
Sodæ bicarb., āā. gr.v. M.

One of these powders in a glass of water an hour after each meal. One Seidlitz powder before breakfast every morning. To take a warm sponge bath every night before retiring. Moderate daily exercise and a liberal diet.

June 25. There being no suitable room in her house for surgical operations, I had her removed, to-day, to the Western Pennsylvania Hospital, and provided with a large airy room and a good nurse. Her measurements to-day are as follows:—

1. Around the body at umbilicus, 35 inches.
2. From umbilicus to pubis, 8 inches.
3. From umbilicus to ensiform, 7 inches.
4. From umbilicus to left superior spinal process, 8½ inches.
4. From umbilicus to right superior spinal process, 7¾ inches.

She has had no attack of colic; no pain; the tumor moves downward on inspiration; the abdominal walls are readily moved upon it, and we suspect it free from attachments. Fluctuation is uniformly present. The surface of the tumor feels very smooth and regular, and it has grown with great rapidity, facts which point to a monocyst with a thick pedicle. I plunged an aspirator needle into it, and drew off 4 oz. of thick brownish fluid, mucilaginous in appearance, and highly albuminous, as proved both by heat and nitric acid.

The microscope revealed in the fluid the "chestnut bur" cell, first discovered by Dr. Drysdale, and this confirmed the diagnosis.

June 26. The patient has kept the recumbent posture since aspiration yesterday.

June 27. Bowels to be cleared out to-day with a dose of oil.

June 28, A. M. The bowels responded to the oil yesterday. She has slept well last night. Breakfasted at 10 o'clock. To have an injection of warm soap suds between twelve and one o'clock.

She was placed on the operating table at 4 P. M.

The anæsthetic, consisting of equal parts of alcohol, chloroform and ether, was administered by Dr. Snively, assisted by Drs. Lemoyne, King and McCann, of the surgical staff of the hospital. I proceeded to operate as follows:—

An incision, 4½ inches long, was made in the

* After Wells, of London.

median line, beginning a half an inch below the umbilicus. The skin, superficial fascia and fat were divided, exposing the sheath of the right rectus muscle; a grooved director, passed through a puncture in the sheath, at right angles to the muscle, was arrested at the linea alba, which was now divided the entire length of the incision. The two layers of the transversalis fascia, with their intervening fat, were now divided by gentle touches of the knife, and the peritoneum was exposed in the entire length of the incision, having received a very minute puncture at the upper angle of the wound. The length of the wound was now increased to five inches, toward the pubis. Torsion was applied to several small vessels, and ligatures to two. The wound was now sponged with cold water, until the bleeding, which had been tolerably free, had ceased. The peritoneum was now hooked up, with Simm's small uterine tenaculum, at the point of puncture, and with gentle touches of the knife divided for about four inches.

The cyst, white and shining, now appeared in the entire length of the last incision. A metallic bougie swept around its entire circumference, not an adhesion opposing it. I now plunged Dr. Fitch's "Dome Trocar" into the cyst, which was steadied by the hands of the assistants. Thirteen quarts of fluid were rapidly evacuated. Seizing the cyst with a pair of volsella forceps, I drew it entirely out of the abdomen, and transfixed it with the trocar, according to Dr. Daly's notes, in twenty minutes from the time of beginning. A sponge, mounted on Simm's sponge holder, was now carried along the back of the left hand to the bottom of the pelvis, but no fluid was found. The opposite ovary was healthy. The pedicle was short, broad and thick. It was secured by Atlee's clamp, the cyst cut away, and the stump mummified with tr. ferri perchloride. The clamped pedicle was now placed in the lower angle of the wound, which was closed with four deep sutures, including the peritoneum, and four superficial sutures. These sutures were all of silver wire, excepting one of the deep ones, which was of No. 10 extra silk. Several strips of adhesive plaster carried across the belly, a compress and bandage, completed the dressing. The patient, now rational, was placed in bed, with a jug of hot water to her feet. A dessertspoonful of brandy, and twenty drops of laudanum were administered by the mouth, and she was left alone with her nurse, who was instructed to use the catheter every four hours.

9. P. M. Four hours since patient was put to bed; has not vomited; pulse 92; temperature 98½. To have ten grains of chloral, and ten gtt. of laudanum at midnight, if awake. To have barley water for drink.

June 29, 10 A. M. Has had a good sleep; pulse 85; temperature 99⅘; to have small quantities of milk or beef tea every 2 hours. 10 P. M. Pulse 76; temperature 99⅘.

June 30, 10 A. M. Pulse 68; temperature 98⅘; passed gas by the anus. 10 P. M. Pulse 68; temperature 99; urine deposits urates; To have an alkaline powder every eighth hour.

July 1, A. M. Pulse 70, temperature 99½. P. M. Pulse 72, temperature 99.

July 2, A. M. Pulse 72, temperature 99. Removed four stitches, two deep ones. P. M. Pulse 94, temperature 100½. Removed another stitch, which seems too light; twenty-seven minutes after this the pulse fell to 80 and the temperature to 100.

July 3, A. M. Pulse 92, temperature 98⅘. The edges of the wound are united down to the clamp. Removed the two ligatures left on vessels in the incision. Re-strapped the wound, after wiping away a little moisture from about the clamp. Patient to be allowed solid food, with three grains of quinine, twice a day. P. M. Pulse 104, temperature 99¾.

July 4, A. M. Pulse 100, temperature 99. P. M. Pulse 88, temperature 98½. Removed all but one stitch, which is close to the pedicle.

July 5, A. M. Pulse 105, temperature 98½. Slight hemorrhage from the uterus. Bowels moved freely this morning. Urine depositing urates in considerable quantity. To have five grains citrate of lithia, instead of the powders, every eight hours, and to have three grains of quinine with a dessertspoonful of brandy after each meal. P. M. Pulse 88, temperature 98½.

July 6, A. M. Pulse 92, temperature 98¾. P. M. Pulse 90, temperature 99.

July 7, A. M. Pulse 92, temperature 98¾. Removed the last stitch; some pus followed its removal. Patient complains of pain in the course of the nerves along the anterior aspect of the left thigh. I suspect a nerve in the clamp. P. M. Pulse 90, temperature 98½.

July 8, A. M. Pulse 90, temperature 98½. P. M. Pulse 90, temperature 98½.

July 9, A. M. Pulse 90, temperature 98½.

Pain referred to on the 7th continues. The clamp partially separated. I removed the clamp and cut away the remaining tissue with the scissors. It was dead, excepting what I supposed to be that nerve, as pain was felt on severing it. Dry lint dressing. P. M. Pulse 92, temperature 98½.

July 10. Pulse 90, temperature 98½; no pain down the thigh. Some pus flowing from the stitch hole above the pedicle on the right side.

July 11, A. M. Pulse 90, temperature 98½. P. M. Pulse 85, temperature 98. Patient sat up an hour to-day.

July 12, A. M. Pulse 88, temperature 98. P. M. Pulse 95, temperature, 99.

July 13, A. M. Pulse 101, temperature 99. P. M. Pulse 106, temperature 98½.

July 14, A. M. Pulse 100, temperature 98. P. M. Pulse 96, temperature 98¾.

July 15, A. M. Pulse 108, temperature 100. P. M. Pulse 90, temperature, 98.

July 16, A. M. Pulse 100, temperature 98¾. P. M. Pulse 115, temperature 98¾.

July 17, A. M. Pulse 95, temperature 98¾. P. M. Pulse 98, temperature 98½.

July 18, A. M. Pulse 100, temperature 99. P. M. Pulse 90, temperature 98¾.

July 19, A. M. Pulse 120, temperature 99½. P. M. Pulse 132, temperature 102½.

This high pulse and temperature is not occasioned by any assignable cause. To have three drops tr. verat. viridi every two hours.

July 20, A. M. Took three or four doses of veratrum. An abscess has formed in the line of the last stitch removed, and is discharging freely by the stitch hole, and by a new opening in the line of the incision. The pulse has fallen to 105, and temperature to 98½. P. M. Pulse 100, temperature 98½.

July 21, A. M. Pulse 100, temperature 98. P. M. Pulse 100, temperature 98.

July 22, A. M. Pulse 92, temperature 99. P. M. Pulse 85, temperature 97½.

July 23, A. M. Pulse 90, temperature 98. P. M. Pulse 96, temperature 98½.

July 24, A. M. Pulse 96, temperature 98½. P. M. Pulse 96, temperature 98.

July 25, A. M. Pulse 100, temperature 98½. P. M. Pulse 98, temperature 98½.

July 26, A. M. Pulse 102, temperature 98½. The wound is healed solid, down to the pedicle, which is almost cicatrized. A little pus still exudes from the stitch hole just above the pedicle. P. M. The patient returned to her home in the city to-day, and here daily observations cease.

July 30. A few drops of pus still coming out of the stitch hole. I discovered at the upper edge of the pedicle a little pediculated growth, angry and red in appearance, and sensitive to the touch. I snipped it off with my scissors, and the patient cried out with the same pain down the thigh to which I refer in my notes of the 7th instant. It proved to be the end of a nerve, inflamed and enlarged.

August 6. Patient in excellent condition. Healing completed. No pus discharging. Has been out walking several times, and says she never was better in her life. The cyst weighed thirteen ounces; the cyst and fluid 27⅛ pounds, avoirdupois.

From this case we deduce three important facts, the last of which has been disputed:—

1. Hyperæsthesia of the mammary gland is a symptom of ovarian disease.

2. Ovarian tumors sometimes grow with great rapidity.

3. Ovarian tumors may attain considerable size without eliciting pain or attracting the patient's attention.

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## PLACENTA PRÆVIA, PNEUMONIA, AND PHLEGMASIA DOLENS COMBINED.

BY MILTON L. HUMSTON, M.D.,
Of Morocco, Newton County, Ind.

The following case may be of sufficient interest to put on record:—

September 1st, 1874. Mrs. H., æt. 40; had hemorrhage, which was light. October 7th had quite a profuse hemorrhage, and on December 20th another profuse hemorrhage. On January 4th had light hemorrhage. On January 25th another severe hemorrhage. February 8th, 1875, labor began, with light hemorrhage, but all abated in about six hours.

February 9th, 10 A. M. On arriving at the house I found that there was considerable hemorrhage, when I made an examination per vaginam, and found the placenta attached to the right side of the os; it was delivered at 2 o'clock, P. M. The child (which was large and full term) was delivered twenty minutes after the placenta was delivered, and dead (the cause of its death is understood), it being her eighth child, including one pair of twins.

February 11th, 6 A. M. I was summoned in great haste to see her, and found her pulse 140; temperature 104; no hemorrhage more than

necessary; tongue dry; when I administered the following:—

| | | |
|---|---|---|
| ℞. Hyd. chlor. mitis, | gr.x | |
| Potassæ chlorat, | gr.vj | |
| Opii pulvis, | gr.j. | M. |

Sig. Take one powder every three hours, with spirits nitre, one drachm, every hour.

I returned at 4 P. M., and found pulse 130; temperature 102; teeth covered with sordes. Treatment continued.

February 12th, 10 A. M. Patient had a hard chill when I entered the room; I added gum camphor to previous powders, and ordered given until chill subsided.

I returned on the 13th, 9 A. M. Found pulse 115; temperature 99. At 5 P. M., found pulse 100; temperature 98; skin moist; camphor omitted.

February 14th, 10 A. M. Found her with some pain in the bowels; had had no action for thirty-six hours. Ordered an enema of warm water, which was followed by a large discharge of fecal matter, after which she lay quiet, with the exception of now and then pain in her bowels, for which I ordered hot fomentations to be applied.

February 15th, 10 A. M. Was sent for in great haste; thought she was dying; the nurse had left off the hot fomentations, and the patient was suffering with great pain in the bowels. I ordered them reapplied, and continued other treatment; also egg-nog and beef tea.

February 17th, 11 A. M. Pulse 100; temperature 94; four large actions from her bowels, first dark green, others dark and watery. I added gum camphor, and used starch water injections, which checked the diarrhœa.

February 18th, 9 A. M. Pulse 100; temperature 98½; tongue still dry; bowels quiet, but suffering from severe pain along the line of the femoral vein of the left leg, and very much swollen. Ordered chloroform liniment applied with hot cloths. Other treatment continued. I left at 12 M., patient resting better.

February 19th, 10 A. M. Found pulse 110; temperature 96; bowels moved once; tongue moist; suffering from pain in her leg and ankle. Omitted hyd. chlor. mite, and substituted leptandrin.

February 20th, 10 A. M. Found patient resting well; pulse 95; temperature 98; swelling in leg had subsided; coat on tongue coming off. Treatment continued with quinia sulph. and egg-nog.

February 21st, 2 P. M. Found patient doing well; pulse 94; temperature 98½; tongue cleaned off; no tenderness in bowels; but one action. Omitted all former treatment, and gave the following:—

| | | |
|---|---|---|
| ℞. Sulph. quinia, | gr.iij | |
| Dover powder, | gr.iv. | |

Sig. Dose every three hours, with alcoholic stimulants.

February 22d. Rained on previous night; patient had a hard chill at 1 A. M., followed by high fever; tongue dry and red; pulse 115; temperature 101; lower portion left lung congested; bowels not moved. I ordered the following:—

| | | |
|---|---|---|
| ℞. Hyd. cum. creta, | gr.v | |
| Doveri pulv., | gr.vj | |
| Potassæ chlorat, | gr.x. | M. |

Dose. One every three hours, with spirits nitre, one drachm, every hour; turpentine emulsions every six hours; and ordered hot fomentations to her chest.

February 23d, 11 A. M. Found tongue still dry and red; pulse 110; temperature 98; bowels not moved; considerable cough; expectorating freely; sputa brick-dust color. Treatment continued.

February 24th, 10 A. M. Resting well; pulse 100; temperature 98½; bowels moved twice; lung better; spitting pus; skin moist. Added sulph. quinia.

February 25th, 4 P. M. Found her suffering with pain in her bowels; had had four actions during my absence. Pulse 105; temperature 98; tongue still dry. Added comp. gum pul. and sub. nitrate bis. to former prescription, and used starch water injections.

February 26th, 9 A. M. Pulse 110; temperature 99; tongue moist; sight in left eye lost; had one action from bowels, and severe pain in left eye.

February 27th, 8 A. M. Found her entirely blind in left eye; with her right leg swelled, which had begun on the 26th, and was about three times its normal size, with severe pain along the femoral vein, where it would pit on pressure. I applied chloroform liniment, gave beef tea, stimulus, etc.

February 28th, 10 A. M. Had been very restless all night, but was then resting easy. Pulse 108; temperature 98; tongue little moist, but right leg still retained its unusual size. Takes beef tea, brandy, etc.

March 1st, 9 A. M. Found her sinking fast, and complaining of right leg. She died at 4 P.M.

# Editorial Department.

## Periscope.

### On Hypodermic Injection.

The *Doctor* reports a discussion at the Parisian Medical Society on this subject. M. Martin stated that even in small doses an enormous diminution in the force of the pulse and in the arterial tension rapidly took place. The maximum effect was about half an hour after the injection, and the pulse resumed its normal character an hour and a half after. Slight lowering of temperature occurred. M. Martin prefers full doses, particularly in nervous affections, and he does not consider it necessary to inject at the painful spot. If the needle is sharp the pricks are less painful. The first operations often cause indigestion. This is to be prevented by absolute repose. M. Martin believes the injections to be infallible in all neuralgias and efficacious against oppressions of all kinds, even those arising from cardiac disease or the access of asthma. He adds that they calm delirium tremens, and arrest obstinate vomiting, even in cases of cancer. At the close of the treatment the doses should be diminished.

M. de Beauvois said that the injections ought never to be administered immediately after meal. He had seen severe precordial anxiety, signs of approaching asphyxia, vomiting, etc., produced by neglect of this precaution. The vomiting relieved the patient from the other alarming symptoms.

M. Duroziez cited the case of a man, eighty-four years of age, suffering from strangulated hernia and incessant vomiting in whom 3 centigrammes of morphia (nearly half a grain) injected twice caused death. This is a most important fact.

M. Polaillon believes that the hypodermic injection of distilled water by itself will relieve neuralgia and muscular spasms. In such a case we should think the imagination of the patient may have something to do with the cure. This suspicion is strengthened by an observation of M. Peter, who, in a case of heart disease with intercostal neuralgia, injected 0·002 milligramme of atropine. Immediately the patient fell down, pulseless and looking as if dead. Happily, he shortly recovered, and as no symptoms of belladonna poisoning appeared, the cause of the syncope was probably due to the mental impression on the patient. A similar circumstance occurred to M. Krishaber, on injecting a young woman affected with laryngeal phthisis with a small dose of morphia. Some days after he repeated the injection with distilled water only, and syncope again supervened.

In a patient affected with ataxia, M. Peter injected, for the relief of visceral symptoms, doses of 0·15 to 0·20 cent. of morphia, giving at the same time 0·05 by the stomach. The patient concealed his doses when he was not suffering; one day he took a gramme of morphia by the stomach after 0·20 had been injected. No inconvenience followed this enormous dose. On the other hand may be mentioned a sad fact. A physician troubled with intercostal neuralgia employed injections of morphia in excess. One day a boil appeared at the site of injection; from this erysipelas started, and pleurisy, ending in empyema, supervened. The case terminated fatally.

### The Effects of Chloral.

An editorial in the *Lancet* says:—

We may trace an analogy between the immediate effects of chloral and the consequences of its habitual employment. In sleep the sensory recipient and lower motor centres are separated from those of consciousness and will, with which, during the waking state, they are in such close connection. This separation can only take place under certain conditions, which vary much in different individuals. Chloral introduces an artificial influence, and separates forcibly those functions of the nervous system which would otherwise have been linked together. It stills unpleasant emotion, removes disagreeable sensation, paralyzes the will. This can hardly occur repeatedly without some permanent effect. Each region of its influence presents an example of perverted action. The will becomes weakened; emotional manifestations are, in the chloral-drinker, more easily produced; the evidence of the senses is perverted, and their action is no longer under the same control of associated impressions. All influences of a depressing character are felt more keenly. The sufferer becomes "nervous," emotional, hysterical. Neuralgia and other sensory disturbances become frequent, and with them various paretic phenomena, depending chiefly on defective will. Ultimately still graver consequences may result. Delirium, imbecility, and paralysis of the pharynx and œsophagus, are among the symptoms which have occurred in recorded cases, and which have ceased when the habitual dose was discontinued. All the time the supposed need for the sedative increases, the craving for it may become as intense, as intolerable, as in the case of opium, the patient moaning for the chloral, which he can hardly swallow; and sleep gradually becomes almost impossible, except under artificial influence.

If these effects in their severer forms are rare, they are not the less real, and are not uncommon in their slighter manifestations. It is time that the public realized that, as we have said,

no sedative, chloral or any other, can be taken habitually with impunity. In many cases, and for a long time, no evil results ensue, but the insidious character of the bad effects of its use sooner or later becomes apparent. The utmost care, therefore, should be taken to prevent the occasional from becoming the habitual dose.

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### Chemical Composition of the Spermatozoa.

M.M. Miescher and Picard, says the *Lancet*, have lately published essays upon this subject. They examined the sperm of various animals, which they found to consist of an immense number of spermatozoa suspended in a weak saline fluid which only contained traces of alkali albuminate. The spermatozoa are precipitated by acetic acid, or by a one-half to one per cent. solution of calcium or barium chloride. Fresh sperm dried in vacuo contains 18·78 per cent. nitrogen, 11·31 phosphorus, reckoned as phosphoric acid, and 0·278 to 0·28 sulphur. The proportion of phosphorus is higher than that of lecithin, the proportion of nitrogen lower than that of albumen, and that of the sulphur smaller than any tissue composed of cells. Of 100 parts of dried semen, 13·72 to 14.72 parts were soluble in ether, and 100 parts of the ether extract contained 52·46 of lecithin, the remainder consisting of cholesterin and fat. Spermatozoa exhausted by water, hot alcohol, and ether, successively yielded a compound formed by the combination of a base (protamin) with nuclein, the latter playing the part of an acid. The composition of protamin was found to be $C_9H_{20}N_5O_2$ (OH). This base is only found in the mature testis. The nuclein is obtained by treating the residue, after extraction by means of hydrochloric acid, with weak soda solution. It may be precipitated from this by means of alcohol; it is amorphous, colorless, and readily soluble in alkalies. It is not an albuminous compound. It has the formula $C_{29}H_{49}N_9P_3O_{22}$. The phosphorus is in the condition of phosphoric acid. The mean percentage composition of pure spermatozoa from the vas deferens was: nuclein 48·68, protamin 26·76, albumen 10·32, lecithin 7·47, cholesterin 2·24, fat 4·53. No protamin was present in the sperm of the frog, carp, and bull. The heads of the spermatozoa may be isolated by digestion in gastric juice, which dissolves the tails. The former were found to be chiefly composed of nuclein. Picard, repeating Miescher's experiments, corroborates most of them, but finds the salts of protamin non-crystallizable, those combinations which Miescher thought were crystallizable being compounds of guanin and sarkin.

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### Excision in Lupus.

Mr. J. Gay, in the *Lancet*, recommends excision in lupus. He says:—

The objection to caustics, and the great advantage of excision, arise from the fact that, in "nasal lupus" especially, in which disfigurement follows in the event of its being removed by caustic, cicatrization, or an advance towards it, must be allowed to take place before any restorative operation of a plastic kind can be done—one of the most important objects in the treatment of cases of this kind. If the removal of the diseased parts be made by the knife, any such operation that may be deemed expedient may be simultaneously done, and thus tissue is saved, the loss of which would be incumbent on the use of caustic. The paper concluded by the relation of three cases in which this method of excision was adopted. The first was a young man in whom the ulcer had been unsuccessfully treated with pernitrate of mercury; excision was practiced, and a plastic operation performed to make a new nose. The results of the plastic operation were marred by erysipelas, but the patient wears an artificial nose. The second case, also a male, aged twenty-three, was one in which the ulceration had perforated the right ala of the nose, and had been apparently treated by caustics with success. The edges were cut away, and a flap of skin from the cheek brought over the raw surface. The last case was a most remarkable one; it was that of a young lady twenty-seven years of age, who showed lupoid cicatrices in the neck; the tip of the nose, cartilaginous septum, and the alæ were destroyed by the disease, which invaded the contiguous mucous membranes. Mr. Gay removed the whole of the diseased surface, to within a quarter of an inch of the nasal bone, and laterally to the naso-labial sulci, thus exposing a large triangular space, which was covered in by skin-flaps dissected from each cheek, the tip of the nose and septum being formed by a club-shaped portion of the centre of the upper lip. There was perfect union, and six months after operation there had been no return of the disease, the nose being, however, somewhat flattened.

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### Syphilitic Metamorphoses.

Sir James Paget, in a recent lecture, spoke of the great varieties that were produced in the series of syphilitic affections by the peculiar constitution of the person inoculated. It might, for instance, be doubted whether syphilis implanted in any other than a tuberculous or scrofulous person would ever produce destructive ulceration of the soft parts of the nose. That form of syphilis was almost certainly the syphilis implanted in the tuberculous diathesis. In the later stages the forms that syphilitic disease assumed depended almost as much upon the constitution of the person affected as upon the original nature of the poison itself. An important point in the treatment of syphilis was associated with this fact. It was often said that mercury and iodide of potassium were uncertain in their effects upon syphilis; and this was true, if they were given without any consideration of the patient. Large doses and long courses of mercury would do a tuberculous or scrofulous person more harm than would result from leaving his syphilis altogether

without treatment. But, to speak only of the gouty diathesis as mingled with syphilis, it was necessary, in the treatment of every gouty syphilitic person, to consider his gout as well as his syphilis. Iodide of potassium should be prescribed largely diluted with any of the alkaline waters useful in gout. Small doses would, when given in this way, do more good than much larger doses prescribed alone. The physicians of Aix-la Chapelle, Wiesbaden, and other health-resorts on the Continent, had gained a great reputation for the cure of syphilis in the later stages. Their treatment consisted in the employment of mercurial inunction combined with the use of baths and drinking of large quantities of alkaline and other sulphurous waters. Much of their success depended, no doubt, on the fact that their treatment was beneficial not only to the syphilis, but also to the general constitution of the patient.

## Reviews and Book Notices.

### NOTES ON CURRENT MEDICAL LITERATURE.

——An apparatus, called "The Extension Windlass," adapted to the treatment of fractures of the patella, for making extension of joints, and as a tourniquet, was presented, last May, to the American Medical Association, by Dr. Charles Denison, of Colorado. A pamphlet describing it may be had gratuitously, of Codman & Shurtleff, Boston.

——The seventh of the Series of American Clinical Lectures, published by G. P. Putnam's Sons, New York, is by Dr. Caloon Ellis, of Harvard, on The Capillary Bronchitis of Adults. It is a solid production. (Price 40 cents).

——"The Movements and Innervation of the Iris," is a very thorough study of the subject, by Dr. H. Gradle, of Chicago, reprinted from the *Journal of Nervous and Mental Disease.*

### BOOK NOTICES.

**Clinical Lectures and Essays. By Sir James Paget,** Bart, etc. Edited by Howard Marsh, F. R. C. S. New York, D. Appleton & Co., 1875. Cloth, 8vo. pp. 428.

Although most of the articles which are embraced in this volume have already appeared in the English Medical Press, yet their collection, and especially their republication in this country, is really a subject for congratulation. They are replete with most judicious suggestions and strong sense.

The subjects are various, for example:— the risks of operations, the calamities of surgery, cases that bone setters cure, strangulated hernia, nervous mimicry, treatment of carbuncle, sexual hypochondriasis, dissection poisons, quick necrosis, senile scrofula, scarlet fever after operation, and stammering with other organs besides those of speech. These essays are strictly clinical, derived from practice and experience, too much so, at times, as neglecting the observations of others, a criticism foreseen by the author, when he says he would not have been guilty of it "if he had had time for reading as well as practice." As a general rule, a practitioner too busy to read had better not write. To this the present book forms, we confess, an exception. It is one we can most unhesitatingly recommend as one which the busiest surgeon can profit in reading.

**On Paralysis from Brain Disease in its Common** Forms. By H. Charlton Bastian, A.M. M.D., etc., with Illustrations. New York, D. Appleton & Co. 8vo, pp. 335.

In hardly any disease are the theories and practice of fifty years ago more dissimilar from those of to-day than in apoplexy and its resultant paralysis. The labors of Trousseau and Todd have introduced a new pathology and reversed treatment. To say the former is at all decided were a wide error. The pathology of the brain is as undetermined as its physiology. Such as it is, Dr. Bastian gives it very clearly and fully in this volume. He also applies it, in careful language, to the diagnosis of the various forms of cerebral effusion, and the varieties of paralysis.

In the matter of treatment he confines venesection to uræmic complications and then to a few ounces. Purgatives should, as a rule, be avoided; ice to the head, mustard to the feet, plenty of cool air, and when the patient can swallow, moderate doses of potassium bromide, combined with tincture of aconite, is the average treatment. Where there is reason to diagnose thrombosis of a large artery, amyl nitrite may be tried, but cautiously. To facilitate the natural process of repair is the leading maxim.

THE

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## THE PHILADELPHIA BOARD OF HEALTH REPORT.

The report of the Board of Health of a city as large as Philadelphia has more than local interest. We shall, therefore, offer no apologies for devoting some space to a resumè of that for 1874, which recently appeared in pamphlet form. The following extract gives a general synopsis of the mortality:—

"The year which has just closed has been remarkably exempt from the prevalence of those diseases which frequently assume an epi demic form, and entail so much suffering, loss of life, and pecuniary injury upon a community. Since 1868 the aggregate of the principal zymotic diseases has never been so small as in the past year. This is a significant fact, considering the rapid increase of population, and reflects creditably upon the hygienic condition of the city. Scarlet fever was, perhaps, the only disease which excited serious apprehension lest i might become epidemic. This disease showed a tendency to increase in the fall of the year, and it was at first chiefly confined to the Twenty-second Ward. Subsequently it spread throughout the city, and at the close of the year reached its maximum of mortality. The whole number of deaths from this cause was but 354, an excess of but 35 over the preceding year. Small-pox, so prevalent in 1871 and 1872, caused but sixteen deaths. The deaths under one year of age were considerably less than in the two previous years. A very noticeable and gratifying fact, which may be mentioned in connection with the mortality in early life, is the decided diminution in the number of deaths from cholera infantum. There were 859 deaths from this cause, which is 255 less than in 1874, 807 less than in 1872, and a smaller number than has been reported in any year since 1864, excepting 1871, in which year there were 30 less deaths. To the absence of prolonged excessive heat and moisture during the summer months must be attributed, in a great measure, this very favorable condition of the health of the infant population. Notwithstanding the extensive commerce of this port with places infected with yellow fever, no cases of this disease occurred in the city, though vessels having sickness on board were detained at the Lazaretto, and cases of this fever were treated, and deaths occurred at the station.

"In response to a request from the Philadelphia County Medical Society, it has been decided to include in the usual weekly bulletin of mortality a list of deaths from the principal zymotic diseases, arranged according to wards, which can be obtained upon application at the Registration Office. This plan was considered preferable to its publication in the secular press. The quarantine season opened on the first day of June, and continued until the tenth day of October, ten days longer than usual, on account of the continued prevalence of yellow fever in certain ports with which the city holds commercial intercourse. During the entire seasou the health of those connected with the station was remarkably good, and but few cases of sickness were received in the hospital from the large number of vessels undergoing examination. Two of these cases were of yellow fever, and proved fatal a few days after admittance to the hospital. The remaining cases were of typhoid and ordinary malarial fever.

"Fifteen vessels were detained at the station, cleansed and disinfected, and subjected to a rigid quarantine for a longer or shorter period before being allowed to proceed to the city. These ships cleared from infected places,

and some of them had cases of yellow fever, and deaths from this disease, on board, during the passage. No cases of yellow fever occurred in the city during the entire quarantine season.

"It will be seen from the following table that 1285 vessels were examined, and 10,878 passengers arrived, during the year 1874. The decrease in the number of vessels as compared with the returns for the preceding year amounted to 50, but the increase in the number of passengers was 6516.

"Report of vessels visited during the year 1874:—Steamers, 135; ships, 85; barks, 437; brigs, 233; schooners, 395. Total, 1285. Number of passengers arrived, 10,878.

"The record of the operations of the hospital shows that but a small number of patients were treated there during the year 1874, an indication of the remarkable freedom of the city from epidemic contagious diseases. The whole number of patients treated amount to 27, a less number than has been treated in any year since 1869. Of the number admitted, 16 had small-pox, 3 were affected with measles, and two had scarlet fever. Excluding a death from empyema resulting from exposure after convalescence from small-pox, the death-rate of small-pox was twenty-five per cent., which is the same as the rate for the year 1873, and slightly less than that for 1872. There were no deaths from scarlet fever or the measles. All the cases of small-pox were admitted to the hospital in the months of March, April, May and June, with the exception of a single case received in November.

"Since the last report no change has been made in the ordinances regulating vaccination, nor has the Legislature of the State taken any action tending to promote its general adoption by the public. There has been an increase in the returns for the year, but the entire number of operations is by no means large, considering the population of the city. The number of cases of successful vaccinations reported by the public vaccinators, for the year 1874, amounted to 7187, an increase of 1502 over the number reported for the preceding year, but a very marked decrease from the number returned in 1871 and 1872, the years of the epidemic of small-pox.

"It will be observed that, since the epidemic of small-pox in 1871 and 1872, the number of vaccinations has very greatly diminished. This is accounted for by the apathy and indifference of the public, invariably manifested whenever the fear of the disease has been removed. Since there is no means of compelling the general adoption of vaccination, persuasive measures must be entirely depended on, and these fail to accomplish the results desired; consequently, we may expect to have, in the course of a few years, a recurrence of an epidemic of small-pox, and, in its train, suffering, distress and loss of life.

"No action has thus far been taken, looking towards the establishment of public baths. The city certainly possesses very unusual advantages for the location of floating baths, and it is to its discredit that it has never made use of them to any appreciable extent.

"We regret that we are unable to report any decided improvement in the practice of burial within the limits of populated parts of the city, and that no steps have been taken looking toward the discontinuance of this injudicious custom. The number of interments which took place within the built-up portions of the city during the year 1874, amounted to 3209, a decrease of 144 from the number which took place in the preceding year. This number is about one-fifth of all the interments made in the city during the entire year. A glance at the table will show that most of the burial grounds named are situated in densely-populated neighborhoods. It is not only the prerogative, but the duty of City Councils to exercise the plenary powers which have been conferred upon them by the Constitution of the State, in protecting the health of citizens by legislative enactments, particularly in those cases where the need of such enactments is clearly demonstrated, and in which there is no legal authority to warrant an interference by the health officials.

"It will doubtless be a matter of great surprise to foreigners visiting this city in 1876, to find that no provision has ever been made for public water-closets and urinals. Citizens visiting foreign cities, where these public conveniences are very generally adopted and considered indispensable, also wonder at the indifference manifested at home in regard to a proper and necessary means of adding to the comfort and convenience of the people. This prejudice arises from the fear lest these places may become offensive public nuisances, and from strong popular disgust for anything that may partake of the nature of immodesty. But it is evident to any one familiar with the results fol-

lowing the adoption of these public conveniences in a large city, that they are important means of preventing the deposit of filth in alleys, by-ways, upon the surface of streets and on walls. They can be so constructed and managed as not in the least to offend the most delicate sense of modesty. But the most important reason for the erection of public *cabinets d'aisance* is the fact that they will be the means of preventing a great deal of needless suffering and disease.

"These conveniences should be erected in all places of large resort, and should be of the most improved construction, provided with plenty of light and air, and should be placed under the most scrupulous care. They should be examples of the most perfect cleanliness, and freedom from all offensive odor. The plan adopted in Paris, of charging a trifling sum for a superior order of accommodation, is worthy of encouragement."

## Notes and Comments.

### Another Method of Ventilation.

A new system of ventilation has just been added to the myriad of schemes. Some experiments have been made, in London, on a new plan, which can scarcely be considered sufficiently striking to warrant the opinion that it will be entirely successful. The "principle was wholly comprised in the fact that a column of air introduced into a room by a vertical current ascends to the ceiling, from whence, according to the law of the diffusion of gases, it spreads itself uniformly throughout the enclosed space without producing a perceptible draught in any portion of the apartment." Some difficulties will attend the employment of the plan on the part of builders and architects; but these may possibly be overcome.

### Anatomical Proofs of Two Brain Centres.

Professor Betz, of Kiew, says the *Doctor*, observes that in the cerebral portion of the brain there are two tracts lying at the posterior extremity of the sulcus of Rolando, and separated by it; the anterior one extends as far as the internal surface of the hemisphere, the posterior is much larger. In the former he has found some peculiar cell formations. They are the largest pyramidal cells in the whole nervous system, having a breadth of 0.04 to 0.12 millimetres, and a length of from 0.04 to 0.12; they are also provided with processes, of which two are principal, and from seven to fifteen accessory. One of the principal ones extends to the periphery of the cortex; the other, or thinner, increases in size, and is continuous with the axis cylinder. These corpuscles, called by him *giant pyramids*, are common to men, certain apes, and dogs, and are found at the points where Hitzig and others performed their experiments. They are found in groups in the anterior cortical tracts, but are sparingly distributed throughout the anterior central convolution, while they are most abundant on the internal surface of the hemisphere. Internally from the fissure of Rolando the author describes a lobe, the lobus *para-centralis*, which he regards as a motor tract, identical in man and other animals. In man it lies concealed in the middle of the hemisphere, while in the animals it is free.

### Another "Miracle."

In connection with the famous Belgian case of Louise Lateau, fully described some months ago, in the Reporter, it may be of interest to notice a case of catalepsy, now under observation at the Hôpital Cochin, Paris. It is that of a hysterical woman, with alternate attacks of paralysis and contraction. The limbs, when put in a certain position, remain in it for a protracted period of time. The woman passes several days in a lethargic state, during which she takes no food, and presents marked insensibility of the skin and mucous membrane. The patient improved under the influence of tonics and food. Had she been in superstitious hands, we should have had another "living miracle."

### The Bark of Mancona.

We notice, in the *Lancet*, that M. Claude Bernard has communicated to the Academy of Sciences, of Paris, the researches of Messrs. Gallois and Hardy touching the toxic effects of this bark. In tropical Africa some tribes use it to poison arrows and to try the guilt of supposed criminals. The tree which furnishes it is called "Erytrophlæum guineense," belonging to the leguminous family. It may grow to the height of thirty yards, and measure two yards in diameter. The inhabitants name it the tali. Messrs. Gallois and Hardy have succeeded in concentrating the active principle; and, having injected a solution under the skin of guinea-pigs, frogs, and kittens, they found that it

lowered the action of the heart, and finally altogether arrested its movements. This phenomenon has been noticed through a series of experiments, the heart always stopping with the systole. Sulphate of atropine injected immediately after the erythrophlæum did not hinder the effects of the latter.

### Carbolic Acid in Syphilis.

A writer in an English contemporary says:—Allow me to say a few words in reference to carbolic acid in the treatment of syphilis. For some time past I have cauterized chancres with pure carbolic acid, and the result has always been that they have healed without constitutional symptoms. It is of no use, except at the very commencement. My way is as follows:—Whenever I see a patient with the slightest appearance of what I believe to be a chancre, I take pure crystallized carbolic acid, and warm it; then, after dipping a piece of twisted paper into the warmed acid, I cauterize the sore on the penis, in the same way as if I were using nitric acid. Next time I see the patient I find nothing more than the irritation produced by the carbolic acid, and he gradually gets well.

### Hypodermic Purgatives.

M. Luton, having dissolved ten centigrammes of magnesic sulphate in one gramme of distilled water, injected it subcutaneously, and thus obtained, at pleasure, a gentle aperient effect or smart purgation. The results are recorded in the *Bulletin de la Société Médicale de Rheims.* M. Luton finds that these injections actually suspend or remove sympathetic vomiting, and thinks that they might even prove useful in sea sickness and in pregnancy.

### Death from Ether Inhalation.

Unfortunately, even ether, it seems, is not to be inhaled always with impunity. A boy, aged sixteen, was operated on by Dr. Hardie, of Manchester, on the 3d of April, 1875. Four drachms of ether were poured on a piece of lint and placed in a folded towel, which was held pretty close to his face. There was no coughing, and but little struggling. He was ready for operation in about four minutes, without any more ether. The respiration suddenly ceased, and the pulse at the wrist was imperceptible. In spite of every effort he soon died.

### Artificial Cooling of Rooms.

In the hot months it is worth while to bear in mind the plan adopted by M. Martin in order to keep the rooms of the sick in a state of freshness. This consists in opening the windows widely, and then hanging wet cloths before them. The water as it vaporizes absorbs the caloric, and lowers the temperature of the apartment by several degrees, while the humidity which is diffused renders the heat much more supportable. By adopting this plan, patients find themselves, even in the height of summer, in a freshened atmosphere, analogous to that which prevails after a storm.

### Indian Hemp in Flooding.

At a meeting of the Edinburgh Obstetrical Society, Dr. Ritchie remarked:—

"In cases where flooding set in after delivery, a full dose of the tincture of Indian hemp (ɱxx.) has, in every instance, acted rapidly, checking the loss in a few minutes, even when ergot has failed. I have also found that it possesses the power of controlling and relieving metrorrhagia and profuse menstruation in a marked degree. What the rationale of its action is I do not know."

This is not altogether new in this country.

### Ointment for "Snuffles" in Infants.

The following ointment is recommended:—

| | | | |
|---|---|---|---|
| ℞. | Tannin, | gr.$\frac{3}{4}$ | |
| | Axungiæ, | ʒj–ʒj | |
| | Tinct. vanillæ, | gtt.v. | M. |

After having prepared this ointment, it is applied by rolling between the thumb and index finger a very small square of paper, so as to form a not very rigid cylinder, which will yield easily to any lateral movement which may be made by the infant while it is being introduced into the nostrils. Then, after having smeared the exterior with the ointment, it is introduced deeply into each nasal fossa.

### Scarlet Fever Epidemics.

It has been well ascertained that these epidemics have a wave-like progression. The disease is, to a singular degree, less prevalent in France than elsewhere. Nothing is more remarkable than the rarity with which scarlatina epidemics prevail there, as compared with England or our own country. In a total mortality of 23,024, which occurred during the first three

months of the seven years 1868–75 (omitting 1871), we find recorded only 45 deaths as occurring from this disease. The reporter admits that some deaths really occurred from this cause which have not been ascribed to it, but with every reasonable allowance for error, the diminished virulence of the disease is astonishing.

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**A New Estimate of Vichy Waters.**

According to a note read to the Académie des Sciences, from Prof. Claude Bernard, the waters of Vichy are most useful to persons who have little or nothing the matter with them. He says that, as the result of his examination of numerous clinical observations, as well as of his experiments on animals, if the person taking these waters is in a normal physiological condition, or at least if he is not the subject of any organic lesion, their action is strengthening, the globules of the blood being increased. But they induce anæmia, and notably impoverish the blood, when the person taking them is in more or less of a pathological condition, and especially if he is the subject of an organic lesion of any kind whatever.

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**Reference Table, for Druggists and Physicians.**

Dr. P. Schuh, of this city, has compiled a reference table for physicians and druggists. It includes the doses of the more poisonous drugs and chemicals in general use, with a comparison of the troy and decimal systems of weights, and a complete list of antidotes and incompatibles. It is mounted on card board, about 14x16 inches; it is a very convenient table, for both practitioner and druggist. The drugs are carefully marked with signs of their power and use, making reference easy, without consulting bulky volumes. Price $1. It can be had through this office.

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**Case of Imperforate Hymen.**

Dr. Bertheraud reports the case of a young girl, aged fourteen. The local tumefaction and tension were so considerable that Dr. Bertheraud found the diagnosis, at least in the first instance, sufficiently difficult; with leeches and rest, however, coupled with catheterism of the bladder, so as to draw off the accumulated fluid, a resistant fluctuating tumor, occupying the vagina, became discernible. The young patient suffered excessively. The case was now clear, and after a hip-bath of an hour's duration, the bistoury yielded issue to a copious discharge of a thick, dark-colored fluid. There ensued immediate relief, and dilatable canulas (*meches dilatatrices*) were introduced, with the view of maintaining an outlet. The opening closed, however, so that a second recourse to the bistoury, followed by the introduction of a cone of sponge, proved requisite. The young person thus operated upon regained her health perfectly.

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**The Relation of Small-pox to Consumption.**

In his *Essay on Vaccination*, Dr. Pease attempted to show that phthisis has much increased since small-pox has decreased. In a late number of the *British Medical Journal*, Dr. John K. Spender remarks:—

"I believe it was long ago affirmed that phthisis rarely occurred in any one even but slightly marked with small-pox. Dr. Copland observed that a copious eruption of acute small-pox often cured pulmonary consumption in an early stage, but as often accelerated the progress of the disease in an advanced stage. Other writers have stated that phthisis is hardly ever seen in persons much marked with small-pox, but I cannot confirm this assertion from my own experience. Certainly, however, it has been known, from the earliest period of medical history, that the development of a purulent eruption has sometimes cured consumption in the chest; and in the early part of this century the doctrine was firmly established that pustular eruptions and purulent discharges artificially produced have more or less influence in delaying or arresting the progress of consumption, when the disease is not too far advanced."

As the terrible and unchecked mortality from phthisis is the great reproach on modern medical science, we earnestly desire that our readers will send to us, for publication, any observations on the exclusion of the one of these diseases by the other, which they can recall.

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**Rum and Tobacco.**

An enlightened physician, Dr. Fergusson, has been studying the deterioration of the English factory population. He finds it attributable, not to the work in the mills, but chiefly to those two curses of modern life, alcoholic drinks and the abuse of tobacco. The profession, *as a unit*, ought to exert themselves to diminish the consumption of these articles.

## Correspondence.

### Membranous Dysmenorrhœa.

Ed. Med. and Surg. Reporter:—

In November, 1872, I was consulted by Mrs. J. R., on account of membranous dysmenorrhœa. In view of the futility of my efforts, up to that time, to make radical cures, or render fertile patients of this kind by the treatment recommended, and, having often seen the almost specific power of opium over congestion and inflammation of the other mucous membranes, and, having frequently witnessed the palliative effect of a dose, given with a view to relieve pain in membranous dysmenorrhœa, I directed her to begin the use of morphia a couple of days before she expected to menstruate, and continue it during the flow.

The dose given was one-fourth of a grain, and was to be repeated sufficiently often to keep her constantly under its influence, and prevent pain. She reported, "no membrane came away, and the treatment afforded great relief." I continued this treatment eighteen months, and as no membrane nor shreds had appeared for some time, I discontinued it.

In November, 1874, she became pregnant, and was delivered August 8, 1875. I do not consider it proved that the treatment and recovery bear the relation of cause and effect. That no deduction can be made from one case, I am well aware, but think this treatment merits a further trial.

A. W. Robinson, m. d.

*Quiet Dell, W. Va.*

### Homœopathy in the Michigan University.

Ed. Med. and Surg. Reporter:—

Believing that the communication of Prof. E. S. Dunster, published in a late number of the Reporter, in reference to the history and relation of homœopathy to the "old school," in the Medical Department of the University, contains some elements of error calculated to mislead the minds of your readers, I beg to submit another view, setting forth what I believe to exhibit the degree of fusion of the faculties of the two colleges now established in the Medical Department.

The Board of Regents, in adopting the resolution "That a homœopathic college be established," of course, implied that a definite curriculum of studies should be pursued, to qualify the homœopathic students for the honor of the degree of Doctor of Homœopathic Medicine. This curriculum, it was enacted, should be equal to that required of the students of the "old school" in the department. In conformity with established usage, this degree could be conferred by the Regents only on the recommendation of the faculty of the College of Homœopathy. Now, as the faculty of any college consists of the teachers employed to qualify and recommend the students for the degree, it will at once be seen that the professors of anatomy, of chemistry, surgery, and obstetrics, of the "old school," must be united practically with the newly added professors of homœopathic practice and materia-medica, to constitute such a faculty. The purely technical dodge, that they are, by appointment, members of another faculty, will not convince any one to the contrary, in opposition to this single prominent practical fact.

The professors of the "old school," therefore, bear the same relation, as teachers, examiners, and final judges of qualifications for the degree, in homœopathy, as they do to the class of candidates for honors in the regular college.

By another technical dodge, the bearing of which will be easily seen, the Regents have excused the faculties from affixing their signatures to the diplomas, by abolishing that time-honored custom, which has hitherto existed in all the departments of the University.

I think, therefore, it will be conceded by every one who prefers facts to mere subterfuges, that as, practically, more than two-thirds of the faculty of the so-called College of Homœopathy are also members of the College of Regular Medicine, the fusion of the faculties of the medical department is nearly complete; and further, that whatever of merit or demerit may, in the estimation of the regular profession, attach to such a union, for the promulgation of the dogmas of homœopathy, the majority of the faculty of the regular school will be entitled to a full share.

Very respectfully, A. Sager, m. d.

*Ann Arbor, August 17th,* 1875

## News and Miscellany.

### The Purification of Water Supplies.

The recommendations of the Board of Health of this city, for the above purpose, are as follows:—

1. The diversion of all sewage now flowing into the pool of Fairmount dam, below the Falls bridge, into some other channel.

2. The diversion of all sewage containing fecal and animal matter now flowing into the river, below Flat Rock dam, into some other channel.

3. The filtration of the sewage from all mills, so as to exclude solid matter, animal or vegetable.

4. The exclusion of ammonia waste and surface wash coming from the Gas Works, cemeteries, etc.

5. The cultivation of fish and of suitable plant life in and upon the waters of the river.

6. The erection of suitable cascades over the reservoirs, so as to secure the benefits of aeration to as great an extent as is possible.

7. The employment of proper prophylactic and curative agents, as occasion may require.

Not only in Philadelphia, but in every city, such recommendations should be made into laws, and rigidly enforced.

### Proposed New Hospital.

A number of citizens of the Twenty-first Ward, Philadelphia, met recently, at Manayunk, for the purpose of considering the propriety of establishing a hospital in that place. Mr. James Milligan, chairman of a committee appointed at a previous meeting, reported that the Ripka mansion and grounds attached could be purchased for $15,000, Mr. Glenn, the agent, agreeing to reduce the price from $20,000 to that figure. The idea of securing this property was favorably considered, and suggestions were made as to the best mode of raising the money.

### Items.

—Headache is the name of a post-office in Michigan.

—Two doctors, in Texas, named Mallette and Manning, not long since quarreled over alleged breaches of professional honor. They first fought a duel with butcher knives, in which both were badly cut. They subsequently met with guns, when Dr. Manning shot Dr. Mallette dead.

—A death in Chicago, and one in this city, were chronicled in one week in August, from mistaking a bottle containing poison for one with medicine. Is it not time that a special form of bottle be used for deadly compounds?

—A sedative given to the patients in the St. Louis insane asylum, recently, killed four of them. It was a mixture of various narcotic poisons, conium predominating. The coroner's jury in the case found that the sedative was prepared according to the prescription of Dr. Howard, the resident physician, "and that the blame, *if any*, attaches to the nurse, who administered overdoses of the medicine."

—At the last of August, Dr. Harris, the Health Officer of Key West, reported that the yellow fever had entirely disappeared from that place, and it is now "exceedingly healthy." But one case had occurred at Pensacola.

—The Medical Council of Toronto is looking after illegal practitioners. One day, lately, suit was begun against three quacks, and a "miracle doctor," named Evans, was fined $50.

### Personal.

—Sir Charles Locock, the attending accoucheur of the Queen in all her confinements, died recently in London, aged seventy-seven.

—The Sultan offered Madame Brés $8000 a year, to act as physician to his harem, on condition she would never leave the building. She declined.

—Mr. J. F. Clark, M. R. C. S., well-known in London as a fertile medical writer, for more than thirty years on the *Lancet*, died recently.

—Dr. C. Fuller has been appointed United States Examining Surgeon for Pensions, for Lincoln, Me., and vicinity.

—Dr. D. P. Hoffman, of Baltimore, was swabbing a child's throat with a brush on the end of a pen holder. The brush slipped into the trachea, and the child died. Suit has been brought for alleged malpractice.

—Dr. C. H. Nichols, superintendent of the Government Hospital for the Insane, Washington, was recently accused of improper discharges of patients. He has since published a report on the subject, to the Assistant Secretary of the Interior, which completely refutes these charges.

## QUERIES AND REPLIES.

CENTREVILLE, FLA., August 23d, 1875.

EDITOR REPORTER:—Will you or some of your readers tell me what to do for a most intractable case of stomatitis materna? The patient is a young married lady, in good circumstances in life, who is nursing a bouncing boy about three months old. Since the birth of the child the mother's general health has been excellent, she weighing more than ever before. The child, too, has been well, and is growing rapidly, so I cannot attribute the disease to defective or impaired nutrition. Nitrate of silver, carbolic acid, and the mineral acids, all seem to aggravate it; they certainly do no good. What will cure it? Respectfully, J. M. CARN.

*Dr. McB., of O.*—The best authorities on alcohol are Dr. Richardson's *Cantor Lectures;* Drs. Anstie, Calkins, Miller and Bell have also written lately on the subject.

*Dr. B., of Pa.*—"Founder" is a subacute inflammation of the articulation. It occurs only in the front feet, on account of the excess of weight they bear in descending hills.

*Catasauqua* should address the Dean of the college he refers to.

## MARRIAGES.

MUNFORD—TAGGART.—In St. Marks Cathedral, Salt Lake City, on July 21st, by the Rev. Dr. Kirby, Lieutenant T. S. Munford, of Co. D, 13th U. S. Infantry, and Emma, daughter of Dr. J. P. Taggart, of Salt Lake City.

MOORE—MOORHEAD.—On the 2d inst., at the residence of the bride's mother, by the Rev. Frank L. Robbins, Charles A. R. Moore, M. D., of Mount Jackson, Virginia, and Miss Mary E. Moorhead, of this city.

## DEATHS.

ARMSTRONG.—At his residence, in Pine Flats, on June 23d, Dr. A. H. Armstrong, in the 31st year of his age.

DOCK.—At Clearfield, Pa., August 18th, Dr. George Dock, of Harrisburg.

GARDNER.—At Walworth, New York, Dr. Wm. W. Gardner, aged 76 years. He was one of the earliest graduates of the Jefferson Medical College.

WALTER.—At Cawker City, Kansas, on Monday, July 12th, Joseph Walter M. D., in the 41st year of his age, formerly of Philadelphia.

ZABRISKIE.—At Cherry Hill, Bergen County, N. J., on Saturday morning, July 10, Dr. P. Hamilton Zabriskie, formerly of Jersey City, in his 64th year.

THE

# MEDICAL AND SURGICAL REPORTER.

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## Original Department.

### Communications.

### CLINICAL NOTES OF CASES OF AFFECTIONS OF THE CORNEA, ETC.

BY LAURENCE TURNBULL, M.D.,

Ophthalmic Surgeon to Howard Hospital, Phila.

The tendency of the ophthalmic writers of the present day is to devote the greater share of attention and investigation to the subject of the rarer forms of affections of the human eye, forgetting how important to vision are the more numerous diseases of the conjunctiva and cornea, more especially in the young.

By a reference to both hospital and private practice, we find that diseases of the conjunctiva are the most numerous of all the affections of the eye, there being about seven hundred in two thousand recorded cases, while anomalies of refraction and accommodation number only one hundred and seventy. Affections of the cornea and sclerotic are nearly as numerous as those of the conjunctiva. In this city a much smaller number of cases of defective vision, requiring the selection and fitting of glasses, is owing to our good eyes in this country, for, in Germany and Austria there are so many dull days that young as well as old require spectacles. In our city of Philadelphia, only men and women over thirty years require glasses; it is exceedingly rare to see a young person wearing glasses. It has been proven that the large number of cases of myopia, hyperopia and asthenopia are owing to the continual intermarriage in families in Europe, and the various trying uses to which their eyes are subjected, where there is so much competition even to live. Of the second large class of cases of which we propose at this time to give some clinical notes, namely, affections of the cornea and sclerotic, the number on our list is 590 in 2000. These notes, by the way, are for the general practitioner, as he must come in contact, sooner or later, with such cases, and should be conversant with their nature and treatment.

There are seven varieties of keratitis, or corneitis, but only two of them are apt to occur frequently in the practice of the physicians of this country, namely, the phlyctenular and the ulcerous. Of the punctate, or syphilitic, very few are seen in this city or country, but they are found in considerable numbers in London, and in the other cities of the old world.

The parenchymatous can be associated with phlyctenular as a secondary result, and the traumatic and vascular with the ulcerous, while the recurrent and cicatricial can be associated with all the chronic forms. So that we have the seven in number under two general heads, and the proper and varied treatment of two groups will generally prove successful for all.

The varieties of the other affections of the cornea and sclerotic we shall leave for another opportunity.

The most frequent form of disease of the cornea which is to be found in the ophthalmic clinics of Philadelphia is phlyctenular keratitis. It occurs most frequently in the young, from the teething infant to the half-grown girl or boy, and while it rarely terminates in complete destruction of the eye, it very frequently results, unless properly treated, in a more or less dense

opacity of the cornea, producing deformity and impaired vision, and is liable, at all times, to relapse from the slightest exposure.

The chief mistake of the general practitioner is that, not seeing many cases, he is not able to recognize it in its earlier stages, and secondly, the great difficulty of obtaining a view of the eyes of the child, from its determined resistance.

Its chief symptoms are, first, intense photophobia, the child burying the face in a pillow, or in its mother's lap, most of the day, and only opening the eyes at twilight. Second, the moment the eyes are opened, by the child or by force, there is a gush of scalding tears; this lachrymation is truly characteristic. Third, there is ciliary neuralgia, of an intermittent type, and when the paroxysms attack the child the pain in and around the eye is intense. Fourth, there is always great heat, itching, etc., of the eye. Objective symptoms: conjunctival and sub-conjunctival injection; the appearance of small vesicles or blisters upon the epithelial covering of the cornea; there may be but one or two, but in other cases they are more numerous, and may run together, or they may be scattered over its entire surface. These vesicles are so easily broken by the child, that, instead of them, we find an excoriation, or ulcer, which often escapes the observation of the physician unfamiliar with the case, and leads to an erroneous diagnosis, and, as a consequence, improper treatment, by strong solutions of nitrate of silver, acetate of lead and sulphate of copper. These agents cause increased ulceration, and, as we frequently see, perforation of the cornea, with prolapsus of the iris, or, if this is not the case, by the injudicious use of the lead lotions a deposit takes place of carbonate of lead upon the depression, which is permanent, remaining in the cicatrix.

*Prognosis.*—There is a great tendency to relapse in this affection, and, indeed, in all affections of the cornea, and of this the parent should be informed; for, just as you congratulate yourself that the patient is well, all the acute symptoms of irritation will return, and you have to repeat treatment with more care than before. If this is not done the case will become chronic, with vessels upon the cornea, forming pannus, with prolapsus of the iris or hypopyon, or adhesion and contraction of pupil.

*Causes.*—Cold, teething, scrofulous, tuberculous and cachectic persons, or those with broken down nervous systems. The following typical cases will illustrate a large number of cases we have treated successfully, both in hospital and private practice, and will illustrate their course and treatment in detail:—

Case 1. W. C. H., aged 18; by occupation apprentice to a blacksmith, and this is his third attack of keratitis. He belongs to a tuberculous family. This attack came on October 1st, after his mother had tried numerous remedies at home for one week. He was sent by his employer to a physician, who, upon examination, told him that if he did not at once enter an eye Hospital he would lose the sight of the eye. This he positively refused to do, and his mother brought him to my office. I found the right eye blind, with gray infiltration of the cornea, the result of several phlyctenulæ or vesicles having broken and run together, with more or less excoriation and tendency to ulceration, with heat, itching, conjunctival and sub-conjunctival injection of the eye, with neuralgic pain over the brows. Directed him to lose six ounces of blood, by leeches; hot foot baths; ice bag to the eye, which ice was to be removed as soon as melted. Internal treatment: one grain of sulphate of quinia, with one-fourth grain pulv. doveri, every four hours; a solution of sulphate of atropia, one grain to the ounce of water, to be dropped into the eye three or four times a day. The ice, etc., continued for one week, with entire relief to the eye. His vision was restored, and he was discharged, well, on the 17th of October.

Case 2. Margaret H., aged 5 years; a robust, healthy-looking child, brought by a healthy mother. The child's nervous system being entirely broken down from her intense ciliary neuralgia. Her attack of herpes of the cornea had followed measles. She came to the office after having been under treatment of two physicians for nearly a month, during which time they could never examine the eyes without placing the child under the influence of ether, but as the child did not improve, the mother became dissatisfied, and sought other means to relieve her child. Following a plan of the late Dr. Mackenzie, which he recommended to me while on a visit to Glasgow, I was able to see both eyes, and found slight depressed ulceration of the cornea, near its edges, with injections of the vessels of the conjunctiva, with, also, irritation of the edges of the lid, of a herpetic character.

*Treatment.*—The application of nitrate of mercury ointment to the lids (one part to eight

of olive oil); one grain of sulphate of quinia every two hours, in solution with aromatic syrup. Exercise in the open air after five P. M., or early in the morning; nourishing diet; shade over the eye, and wash, of infusion of anthemis niobalis, by means of a piece of lint, every few hours.

On the 29th returned, and was able to open the eyes without force; found deposit of lymph in the ulceration. From this time the progress of her recovery was very rapid, with but one slight relapse.

Case 3. Chronic case of keratitis; under treatment for eight months. William M.; aged 22 months, came under the writer's care July 9th, and was discharged, well, September 17th. This case was complicated by teething, and the gums had to be frequently scarified, and always with advantage; the photophobia was intense, so much so that the child frequently slept to the middle of the day. The digestive organs were out of order, and there was an eruption upon the head, which the child constantly desired to have rubbed. His physician had him under treatment for five months, and he would improve from time to time, but never got well.

The course of treatment was the same as the previous case, with leeches applied twice to the temples, tonics, alteratives, and solution of atropia, with attention to the mucous membrane of the nose, which is always irritated in these cases, also a counter-irritation by small blisters applied in front of the ear. On the elevation of the crown of each tooth, there was an exacerbation of pain, restlessness, blindness, with profuse lachrymation, so much so as to cause the parents of the child to despair of ever having the child's sight restored. When taken charge of, the child was pale and feeble, with no appetite, and unable to bear the slightest glimpse of light without the most intense suffering; there was ulceration of both corneæ Now, the child has a good appetite, sleeps, and is able to bear any amount of light in its face, and is active, playing like a healthy child.

This class of cases are more tedious when they depend upon dentition, but the treatment is the same; no irritating application to the eye; scarification of the gums, to facilitate the eruption of the crown of the tooth to the surface, as the pressure produces the same neuralgic condition.

In two very recent cases, both of which had been under the care of intelligent practitioners, their neglect to inform the parents of the fact of the disposition to relapse caused their discharge, so dissatisfied had the parents become. A proper tonic course was pursued for ten or twelve weeks, with counter-irritation by means of small sinapisms, followed by blisters, and both recovered entirely.

It is one peculiarity that the ocular conjunctiva may look clear and without injection, but should the lids or palpebral conjunctiva be inflamed the child must not be pronounced well.

When very chronic cases present themselves, with considerably opacity of the cornea, it is well then to resort to very finely powdered dry calomel, applied by means of a fine brush in the hands of the surgeon, once a day, followed by the use of ung. hydr. nitratis fuscus. In some instances you will have to fall back upon the use of sulphate or acetate of zinc with atropine. If the nose is red and irritated, a solution of nitrate of silver or sulphate of copper should be applied on the inside each day, and the ointment of benzoated oxide of zinc should be used at night. If the cases should relapse, by means of cold, and swelling of the conjunctiva, the late Von Graefe advised the use of chlorine water, which can be made by the chemist, or by adding a portion of chloride of lime to water (one drachm to eight ounces of water), care being taken not to apply it too strong. The same authority recommends it in prominent ulcers of the cornea, accompanied by episcleritis or inflammation extending to the sub-conjunctival tissue, even to the sclerotic.

A still numerous and more tedious class of cases are those which commence soon after birth. In one such case the attending accoucheur treated the eyes for several months without success, until the parents despaired of its ultimate recovery. When the writer was consulted the child was about cutting one of the eye teeth, and the photophobia occurred for an hour or two each morning. The cornea was clear, but there was some swelling of the lids. The child was pale and flabby, and unable to open the eyes in a bright light.

The father of the child has phthisis pulmonalis. The child has taken quinine for several months; it also takes, daily, a mixture of cod-liver oil. The solution of atropia with acetate of zinc was applied to the eye three times a day, and the chlorine water used, which removed all opacity and ulceration.

The writer finds the same difficulty with feeble scrofulous adults, or those with phthisis; and especially when the ulceration is chronic, it is a long and tedious process, requiring supporting and tonic treatment. One of the best washes which we have found for the opacity, which is apt to remain, is the acetate of zinc and atropia, one grain to the ounce of glycerine and water. The hygienic condition of the child must always be borne in mind, and the warm bath must be resorted to each day, adding, at times, to the water a portion of common salt. The sea bath, with a residence at the seashore, will often prove of great value to the health of the child. Ventilation should also be attended to, as the parents of such children are apt to keep them in a dark room and confined to the house. The child should be taken out of doors every day, for several hours, and if the eyes are too weak to bear the light, employ a shade or vail. As a regular wash, to cleanse the eye, we find the following mixture agreeable: It consists of one grain of the bichloride of mercury, six grains of the muriate of ammonia, two drachms of tincture of belladonna, in eight ounces of water. A teaspoonful of this mixture in a wineglassful of tepid water, to be applied frequently, with a pledget of lint, upon the closed lids, is most soothing. When the acute symptoms have passed away much advantage will be found in the use of mild chloride of mercury. Powdered sugar applied to the surface of the cornea, also common salt, and the sulphate and phosphate of soda, have been found useful when dusted upon the cornea; in very chronic cases a grain or two. We must carefully examine the eye from time to time, for fresh deposits of lymph, by means of a two-inch convex lens, giving a few whiffs of chloroform. By this method we can, in a darkened room, direct a cone of light from a lamp (the flame placed on a level with and to one side of the patient's eye) upon the front of the eye. Our examination should also extend to the form of the pupils. They may be balloon or crater-shaped, from prolapse of the iris, or irregularly festooned, from posterior synechia.*

We introduce several drops of a strong solution of atropine, when we suspect iritis, and we find its nature becomes recognized by the irregularities of the pupil, which follow either from disease, contusion by the knife, blow, or from foreign bodies. Sometimes after acute ocular corneitis the disease still remains in the palpebral conjunctiva. The writer then resorts to the yellow oxide of mercury* ointment, which is used in the proportion of one grain to one drachm of simple ointment, gradually increasing its strength if required, for if employed in the strength recommended in the books it will cause too much irritation. Almost always there is more or less disturbance of the digestive functions and a disordered action of the liver, which is to be relieved by small doses of oxide of bismuth in children, one grain for every twelve months, and from two to ten grains of saccharated pepsine after meals; also small doses ($\frac{1}{12}$ of a grain) of the mild chloride of mercury, in powdered sugar, given at bedtime. This treatment soon changes the character of the secretions from this important organ, correcting the constipation or checking diarrhœa. If there is much debility, we should add an aromatic with a tonic of the compound syrup of quinine, or elixir of cinchona, with a portion of the pyrophosphate of iron and strychnia, alternating with a solution of arsenite of potash with syrup of the iodide of iron (one drop for every twelve months), which, in many instances, has a truly specific influence in the superficial inflammation of the eye. These forms of affections of the eyes are sometimes associated or complicated by eruptions on the head and

* It is worth mentioning, at this time, the ulcus corneæ serpens as a characteristic variety of ulcer. The largest number of cases of this form occur between the ages of forty to fifty. As to the sex, they were about equal. The origin of the disease was usually a bruise of the cornea or an irritation by a for. ign body lodged for some time in the conjunctival cul-de sac, and which rubbed against the cornea. The ulcers occupy the centre of the cornea, snake-like in form. In more than half the number of cases there is diffuse infiltration. After using all the means we have already enumerated, and we find that the ulcerative process is still progressive, the ulcer is slit in the following manner (under the influence of ether, little or no food being given to the patient before its administration). The eyeball being steadied by the fixation forceps, Graefe's knife is thrust into the anterior chamber, through the healthy tissue of the cornea, on one side, near to the edge of the ulcer, and carried as far as its opposite edge, the counter puncture being made in the normal tissue too. The fixation forceps being taken away, the base of the ulcer is slit by gentle to and fro movement of the knife, the edge being directed straight forward. The aqueous humor escapes one hour after the operation. Atropine is instilled, and the eye protected by a bandage. In this operation some good eye surgeons use the iridectomy knife, and keep the wound open with a blunt spatula. Dr. Knapp, of New York, uses warm applications daily, every two hours, to increase action when serpentine corneal ulcers are spreading, but they heal, under all forms of treatment, sluggishly.

* The following is the proper method of preparation. Adding a solution of the chloride of mercury to a solution of potash, in such a way that there is always an excess of the latter. After the precipitate has deposited itself the supernatant fluid is all at once poured off, the precipitate thoroughly washed with distilled water, and dried by a gentle heat, with exclusion of daylight.

edges of the eyelids, by eczema, "herpes zoster," and in infants nursing, by "crusta lactea;" also there is ulceration of the cornea, which, in the cases above enumerated, is confined to its superjacent epithelium, but in some strumous children it extends to its fibrous structure. The superficial ulcers are irregular in shape, and have a strong tendency to spread in one direction, while in the opposite direction they may be cicatrizing.

**Cornitis Pannosa.**

The following case is an example of diseased cornea, of another form.

Miss J. W., aged 14 years, has suffered for some time with cornitis pannosa, but now she presents herself with pus, or marked hypopion in the anterior chamber, and a deep ulcer of the cornea, which is of a circular character, which ultimately, in spite of all treatment, will evacuate the aqueous humor and prolapse the iris. In this class of cases we must keep the pupil fully dilated by atropine, and relieve intraocular pressure by paracentesis or iridectomy. As there is pus and not serum in the anterior chamber, we will resort to paracentesis, as practiced by Sperius, by making the puncture with a broad needle, at the outer margin of the cornea, so that the cicatrix shall not interfere with vision, and with a broad needle, so that we can find the wound readily. This was performed twice a day, during which time the internal eye was kept in a state of repose, so as to assist in healing, by means of a cotton or lint compress. The eyelids being closed, the superficial parts of the orbit are carefully padded with layers of cotton-wool, and a flannel bandage so applied as to make gentle and equal pressure. The open ulcers are to be touched with the yellow oxide of mercury ointment, but we must exercise caution, if the ulcer show a tendency to spread, while we must support the system with beef essence, milk punch and sulphate of quinine; afterwards tonics and cod-liver oil. If the ulceration becomes chronic and shows no disposition to cicatrize, they should be treated by the application of vinum opii, and the compressive bandages applied.

**Disease of the Cornea from Injury.**

John W., aged 16, who came to Howard Hospital, July 7th, 1870, having had his right eye penetrated by a percussion cap July 4th. By illumination it could be seen that the cap had penetrated at the union of the cornea and sclerotic, and had buried itself and caused so much inflammation, that the consequence was the entire destruction of the eye. Having neglected treatment for seventy-two hours, all that could be done was enucleation, in order to prevent sympathetic inflammation in the opposite eye. If those cases are seen immediately, the removal of the foreign body by an iridectomy will sometimes prevent entire loss of vision, but they are very unsatisfactory cases.

**Ulcerous Keratitis.**

This disease, according to Wecker, and other good authorities, differs from the former, in that it tends, from the beginning, to the elimination of the diseased tissue. The production of the globules of pus in the corpuscles of the cornea probably combines, in the keratitis, with unalteration and softening of the intercellular mass, from which results the elimination of the corneal tissue. We are able to distinguish in this affection, as in the preceding, a very different form. The first is characterized by inflammatory phenomena, more or less acute, accompanying it, and is called sthenic ulcerous keratitis; the other, where the inflammation is less acute, is called asthenic. The first form is peculiar, in that its progress is very rapid, while the other is slower in its course. These two kinds of ulcerous keratitis are presented to us in various forms, extensive and profound, but on account of the mobility to which they are subject, are, we believe, and conform to, a particular class of ulcers, superficial, annular, and the nail-shaped ulcer of Velpeau.

**Keratitis, Ulcerous (of Small-pox).**

On the 12th day of the eruption of small-pox, when the secondary fever makes its appearance, there is apt to occur a small vesicle upon the edge of the cornea, which is accompanied, and sometimes preceded, by considerable injection of the conjunctiva; result, intolerance of light, and more or less mucous accumulations, often gluing the edges of the eyelids together. If the patient is feeble, this ulceration has a great tendency to spread over the cornea, until it involves the tissue of the eye, and if not arrested by appropriate medicine, a deep perforation takes place, and the whole eye is lost; several cases of this kind have occurred during the present epidemic (1871). If, however, a supporting and tonic treatment is pursued, lymph is deposited, which ultimately,

if the whole of the layers of the cornea are not involved, clears up, and the patient's vision is restored. The old plan, of depletive confinement in a dark room, with the use of tartar emetic and other depressents, with low diet, tends to increase the risk of sloughing. The only wash we have employed is a solution of sulphate of atropia, four grains to the ounce of rose water, with infusion of chamomile. A friend says use atropine at first and continuously. It is very dangerous and improper to use caustics and astringents in ulcers of the cornea. It is apt to increase the disease and drive it deeper, causing serious and dangerous complications. I never use anything but atropia, four grains to the ounce, in ulcers of the cornea, and particularly those occurring in small-pox, as I have always found a complication of iritis in such cases. I have also found that if there is any syphilis (acquired or congenital) in small-pox cases, specific iritis invariably develops with the ulcer of the cornea, and a cure can only be arrived at under specific treatment. It appears to me as if the small-pox has a tendency to enliven and stir up the specific poison in the system for a time. I first noticed this in 1865, and since then I have seen many such cases, and invariably found the complication of iritis specific, and the ordinary remedies did not have any beneficial action, but the specific treatment of hydrarg. biniodid and potas. iodidii cured the cases.

## A SIMPLE AND EFFECTUAL PLUG IN NASAL HEMORRHAGE.

BY T. H. JEWETT, M. D.,
Of South Berwick, Me.

Many years since my master, the venerable and eminent surgeon, Dr. W. Perry, of Exeter, N. H., taught me, at the bedside of a patient nearly moribund, the following simple method of arresting nasal hemorrhage :—

Bellocq's instrument and all other contrivances are not to be compared with this of Dr. Perry's, for ease of application and efficiency. It has never failed in my hands, either in hemorrhage of typhoid fever, in that connected with diseases of the heart, or purpura, or nasal hemorrhages of any other origin. Roll up between the thumb and fingers a lock of cotton into a cylinder or little roll, an inch or inch and a half in length; tie a strong thread to the middle of the roll; bring the two ends of the roll together, and then, opening the nasal orifice by pressing down with the point of the finger its lower margin, pass the middle or folded part of the roll (where the string is tied) into the nostril; next, with the blunt end of a lead pencil or stick, press in the cotton roll slowly, along the floor of the nostril, an inch or more, and rest. If the blood passes down into the throat, you may be sure the bleeding spot is behind the roll, so push in your roll further and the blood will cease to pass behind. Then holding on to the string pass some loose cotton into the nostril, and push it in and along, with the pencil, down to the plug. The cotton will swell with the moisture, compress the bleeding surface, and arrest the hemorrhage. It is well to let the plug remain for two or three days. The string attached to the cotton may be carried up around the alæ nasi, to the side of the cheek, and fastened with a strip of adhesive plaster. In a day or two the mucus or natural secretions of the nasal surfaces will loosen the plug, and it may be easily removed by the string. The dry cotton will, in all ordinary cases, answer for the plug. If you choose, you can wet it in liquor ferri persulphate, or cause the plug to be dusted over with pulv. ferri persulphate, or ferric alum, or tannic acid, or any other astringent that may be preferred.

# Hospital Reports.

## EPISCOPAL HOSPITAL.

SERVICE OF LOUIS STARR, M.D., ACTING VISITING PHYSICIAN.

Reported by Dr. Wm. H. Hawkes, Resident Physician.

### Three Cases of Sporadic Cholera, Treated by Hypodermic Injections of Sulphate of Morphia.

The following cases are arranged in the order of their severity, the last being the most typical.

Case 1. Thos. G., aged seventeen, a seaman, was admitted to the hospital at noon, on July 13th. He belonged to a Norwegian barque, which arrived from a long voyage on the 3d of July. At that time he drank freely of the Delaware water, and was seized, about five days after, with vomiting of a greenish fluid, purging, pain in the stomach, headache and lassitude. When admitted he had nausea and vomiting after the ingestion of food or drink, looseness of the bowels, headache, thirst and pain in the stomach and was very weak. He had no cramps, no signs of collapse, and little fever, though restless and uncomfortable. He was put to bed and $\frac{1}{8}$ of a grain of morph. sulph. was administered hypodermically; soon

afterwards he became quiet and slept until late in the afternoon. On waking all the more prominent symptoms had disappeared, slight thirst and looseness of the bowels alone remaining. During the rest of the day he took ten drops of spt. ammon. aromat., in ice water, every two hours, and small quantities of milk and lime water (2-1) at short intervals. On the 14th, the improvement continuing, he was placed upon "soft diet" (milk, soup, rice, etc.), with bismuth and pepsin after, and small doses of quinia before each meal. Two days subsequently he was quite strong and well, but as it was necessary for him to go to sea upon leaving the hospital, he was not discharged until the 19th.

Case 2. James M., forty-six years of age, a farmer, was admitted July 9th. On the afternoon of the 8th inst., while employed on a farm, in Frankford, he ate freely of cherries, and afterwards worked hard, for several hours, in the sun. Just before midnight he was seized with intense pain in the head, frequent vomiting and purging, pain in the stomach, colic pains in the bowels and cramps in the legs. When brought to the hospital, ten hours afterwards, he was suffering with violent headache, dryness of the mouth and throat, urgent thirst, looseness of the bowels and severe colic; his tongue was moderately coated; he had constant retching, with frequent vomiting of a greenish fluid, and was unable to retain anything on his stomach. His pulse was slow and weak, but there were no symptoms of collapse except blueness of the lips and a pinched expression of the face. The spasms, which were still present in the muscles of the legs and feet, were very severe. Treatment was commenced at 1 P.M., and consisted of a hypodermic injection of $\frac{1}{8}$ of a grain of sulphate of morphia and the application of mustard plasters to the epigastrium, together with milk and lime water and aromatic spirit of ammonia, as in Case 1. The injection was followed by three hours' quiet sleep and the disappearance of nearly all the symptoms. At 11 P.M. he was quite comfortable, but as he had vomited once since waking, and as there was a slight tendency to diarrhœa, the hypodermic injection was repeated. He passed a good night, and on the next day, July 10th, felt weak, but otherwise perfectly well. His appetite having returned, he was ordered "soft diet" and bismuth and pepsin (āā gr. x) after meals.

The patient rapidly regained his strength and power of digesting solid food, and left the ward, to resume work, on July 13th.

Case 3. John G., forty-eight years of age, a rat catcher by occupation, was admitted on July 14th. He had a malarial history, but had not had any chills for several months. On the afternoon of the 11th of July he ate a quantity of cherries, and was attacked on the same night with vomiting and purging. These symptoms gradually grew worse until the evening of the 13th, when he began to suffer from colic, and cramps in the muscles of the calves, back and arms. At the time of admission he complained of violent headache, dryness of the mouth and throat, with excessive thirst, looseness of the bowels, colic pains and great lassitude. His tongue was heavily coated; there was constant retching, vomiting and purging, the discharges being very watery, and severe cramps in the muscles of the legs, back and arms. He had also cold feet, blue lips and a pinched expression of the face. His pulse was slow and weak.

Treatment was commenced at 11 A. M., and was the same as in the former cases, except that dry heat was applied to the feet, and the dose of morphia was smaller, being only $\frac{1}{8}$ of a grain. After the injection the cramps ceased, and he became much more easy. At 9 P. M., not having slept, and as there was still some purging and vomiting, another hypodermic injection of morphia, gr. $\frac{1}{4}$, was given.

July 15th. Passed a moderately good night. No vomiting or purging, but the nausea and thirst continued. Ordered bismuth and pepsin and sulphuric acid lemonade, instead of the aromatic spirit of hartshorn. After this, although there was no return of the gastric or intestinal symptoms, the patient convalesced slowly, and did not regain his appetite and strength until he had taken a short course of quinia. He was discharged on July 24th, in very good condition.

*Remarks.*—The somewhat longer duration of the last case can be readily accounted for by the patient's previous history, and by the length of time that had elapsed before he came under treatment, at the same time, the condition of partial collapse in which he was brought to the hospital interfered, in some degree, with the absorption of the morphia, an unfavorable element, which was absent in the first two cases. Both of the latter yielded rapidly to treatment, notwithstanding the fact that neither of them were seen at the onset of the attack, the first case, indeed, having been entirely neglected for several days. Sporadic cholera is so common an affection, that it should be our aim to secure a remedy which shall be simple and efficient. Opium, in its various forms, is, of course, the most reliable agent; but, in severe cases especially, none of its preparations can be administered, either by the mouth or rectum, with any degree of certainty; these notes, therefore, are offered with the view of calling attention to the propriety of employing it hypodermically in the first instance, rather than only after its administration by the ordinary channels has failed.

### An Old Method Revived.

The July number of *The Practitioner* has a short article from Dr. Douglas Morton, Louisville, Kentucky, in which he describes, as something new, the successive injections of the carbonate and acid of a seidlitz powder, to distend the lower bowel in intussusception.

He says it is "an innovation worthy of being made known to the profession." It was so made known to them years ago, in the pages of the Reporter, by various physicians. See the number for December 31, 1870.

# Editorial Department.

## Periscope.

### The Use of Suppositories.

Dr. J. K. Spender says, in the *British Medical Journal*:—

About the general use of suppositories, Mr. Bransby Cooper gave some sensible directions which will bear repetition. The substance should be properly inserted into the rectum, otherwise, it will increase instead of diminishing the sufferings of the patient. If it be only placed within the anus, under the influence of the sphincter muscle, it will produce an aggravation of all the symptoms; while, if it be passed into the bowel above the sphincter, it will speedily produce the desired soothing effect. A hollow tube should be used, with a movable rod inside; the bolus can thus be introduced high above the sphincter, which cannot be conveniently done with the finger.

Of the many maladies which are beneficially and decisively treated with suppositories, I may enumerate some forms of diarrhœa, particularly that which may be called "emotional diarrhœa." I know a clergyman who found this "emotional diarrhœa" seriously to interfere with the steadiness and comfort of his Sunday work; and he was always most threatened just before any service when it was his duty to preach. No medicine administered by the mouth did any permanent good; but the introduction of a suppositorium plumbi compositum every Saturday night gave calm and comfort all the next day. After a few weeks, the suppository was withheld, without any return of the diarrhœa. In this case, the more immediate application of the remedy to the nervously irritable tract of intestine accomplished what the same medicine failed to do when used in a remoter way.

Then there are certain troubles in defecation which are equally well relieved by the use of the suppositorium morphiæ. An elderly lady had always two or three evacuations of the bowels in the early morning, the copiousness of which seemed to do no harm, nor was even objected to; but each act was followed by a sense of local uneasiness, which was not lost until after the middle of the day. A complete riddance of all suffering was brought about by the nightly introduction of a morphia suppository with soap. The suppository of tannic acid with soap may be tried whenever opium is, from any cause, inadmissible. I have heard of the carbolic acid suppository being employed to rectify an unaccountable offensiveness of flatus or of fæces.

A suppository of opium often removes some of the painful worries of hemorrhoids; and chloral has been lately used in the form of a suppository for alleviating the pain of abdominal cancer. Any reflex channels which we can make use of for the alleviation of pain should never be neglected; for local nerves and nerve-centres are often the ready path by which remedies may choose to travel. When substances are slowly dissolved in one of the mucous tracts of the body, it is reasonable to suppose that some of the benefit must be felt proximately in neighboring organs and tissues. Thus Sir Henry Thompson advises the addition of conium to opium, by enema or suppository, in cases of malignant disease of the prostate gland. Dr. Edis has lately given us an interesting paper on the capacity of the rectum to receive and absorb therapeutic substances. Ergot may be administered in this way for the control of hemorrhage. Dysmenorrhœa is relieved by a bolus containing half a grain of morphia and one-twentieth of a grain of atropia; and hardly anything (except hypodermic injection) alleviates the morning sickness of pregnancy better than an opiate suppository introduced the previous night. And motor energies may be similarly quickened, as when constipation is overcome by a suppository containing a grain of extract of belladonna.

### On Eserine in Chorea.

In the *Bulletin de Thérapeutique*, for April 15th, Dr. Bouchut, of the Hôpital des Enfants Malades, terminates an elaborate essay on the employment of eserine, the active principle of the Calabar bean, with the following conclusions:—

1. On summing up the results of four hundred and thirty-seven trials of eserine administered in moderate doses to children, we find that it acts on the muscular contractility, which it diminishes, and on the contractility of the small vessels, which it increases. 2. Eserine or the sulphate of eserine may be administered either in hypodermic injections or by the stomach, and should be employed fasting. 3. In the form of hypodermic injection it may be used in doses of from three to five milligrammes. The action is more energetic in this mode, so that the dose should be one-half less than when given by the stomach. 4. The action of eserine lasts for two or three hours, by which time its effects are quite exhausted, so that the doses may be so repeated that from fifteen to twenty milligrammes may be injected (in three or four times) during the day. 5. It manifests its effects on children in a few minutes, but more rapidly from injection than by the stomach. 6. In doses of from three to five milligrammes these effects are so constant that they have failed to be observed only in three children. 7. Generally, eserine produces pallor, with contraction of the pulse, sometimes followed by diminution in frequency. Almost all the children treated by it manifest

uneasiness, loudly moan, and suffer from gastralgia, nausea, and the sputation of aqueous, glairy matters. Sometimes there has been bilious vomiting. The temperature has not been sensibly modified. By the doses indicated, neither colic nor diarrhœa has ever been induced. The pupil has been only quite exceptionally affected. A considerable transpiration has been often observed on the face and body. Paresis of the diaphragm, and even its temporary paralysis, are the most serious and painful phenomena observed after the employment of an injection of five milligrammes. 8. When the effects of the eserine have become exhausted, the children resume their natural condition, and no consecutive effects are observed. 9. Eserine is not found in the urine when employed in the small doses mentioned. 10. Administered in cases of chorea, eserine arrests the movements during the continuance of its action, and gradually modifies them during the intervals, so that the cure of the disease is effected in a mean period of time of ten days. These effects are more certain when it is administered by hypodermic injection than when given by the stomach. 11. During these researches, eserine has never produced trembling or convulsions; and it is probable that these accidents are only induced when it is given in large and poisonous doses.

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### Hospital Treatment.

From an account of the treatment in the Mercer's Hospital, Dublin, in the *Medical Press and Circular*, we extract as follows:—

*Ulcers.*—Of chronic ulcers only seventeen cases were entered; they included the varicose ulcer, the indolent ulcer, and a few forms of the syphilitic variety.

The treatment adopted was to apply linseed-meal poultices, and when the sore was well cleaned, to touch it freely with nitrate of silver, and apply lint, dipped in a solution of bisulphite of calcium.

The last case I had was one of syphilitic origin. It was situated on the right forearm, and extended to the depth of half an inch, and measured six inches by four inches. The patient stated that he got the primary sore five years before. The ulcer was cured, after some time, by the free use of caustic and lotia nigra, combined with anti-syphilitic remedies.

*Sprains.*—As a rule, severe sprains were very rare of late. There were only sixty-five cases recorded, the majority of no particular importance.

A few were serious enough, no doubt, being complicated with articular rheumatism, and in two or three with enormous effusion of blood into the cellular tissue round the joint. In these latter cases steps were taken to procure the absorption of the effused blood, the best lotions for the purpose being composed of acetate of lead, tincture of arnica, or muriate of ammonia, applied to the affected joint, perfect rest being enjoined at the same time.

*Debility.*—There were twenty-three cases entered as above. The greater number were women, of sixty years of age and upward, poorly clad, and wanting very many of the necessaries of life, suddenly taken ill in the streets, and were brought in by the police.

These cases are much more fit for the union than the hospital, but still they cannot be sent away without having something done for them.

In such a case the best thing to do would be to use ammonia, friction, warm whisky, and to give some aromatic spirits of ammonia and chloric ether (twenty drops of each).

*Croup.*—Of this very fatal affection only three cases came under my observation.

The first was a child, four years of age, and was quite healthy in every other respect. The mother stated that she "noticed the child getting ill" about six hours previous to admission. The patient was placed in a warm bed, and given a mixture, composed of equal parts of tincture of squills and vinum ipecac., a teaspoonful every five or ten minutes, till it vomited. At this stage the mother interfered, and persisted in taking her out. I was informed the child died next morning.

The second case, being neglected, was a perfectly hopeless one, the child dying in about ten hours after admission.

The third and last case occurred in a child aged three, who was admitted suffering from an attack of croup of about four hours' standing. The child was at once put into a hot bath, given one grain of calomel in a glass of water, and ordered a mixture containing equal parts of syrup of squills and hippo wine, a teaspoonful being given every five minutes till it vomited.

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### Oleate of Mercury.

The *Doctor* says:—It seems that the oleate of mercury is at present employed greatly in the syphilitic wards of the Vienna General Hospital, in accordance with the rules laid down by Professor Sigmund. Fifty-one patients affected with syphilitic skin were subjected to this form of inunction. From fifteen to thirty grains were rubbed in daily by each patient. In most of the cases this treatment was commenced immediately the eruption came out, without any previous medication. In seven cases some form of iodine had been given in addition to the inunction. Thirty-seven of the fifty-one cases were affected with syphilitic erythema in one or other of its several forms, and the remaining cases were those of papular eruptions.

In the fresh forms of the erythematous skin diseases, the average number of inunctions necessary to the cure was eighteen, the eruption disappearing, it is said, about the twenty-first day after the commencement of the treatment; the induration at the seat of the sore, as a rule, being seen a week later in the cases previously subjected to a course of iodine; still more rapid was the cure when mercury had been used previously. Dr. Vajda maintains that the oleate of

mercury is a more efficient preparation than the mercurial ointment, the general effect of the remedy often showing itself with great rapidity. Stomatitis was never observed, nor did this treatment give rise to eczema, and only twice to erythema. Among the fifty-one cases treated by Dr. Vajda, as above set forth, only three returned subsequently with a renewed attack of the old disease, in the form of mucous patches.

The oleate of mercury seems to penetrate the skin more readily than mercurial ointment, the time occupied for introducing equivalent quantities of each being as one to four. To testify that the effect corresponded with the rapidity of introduction, Dr. Vajda procured some fresh, clear lymph, and added to it a little oleate of mercury. In a short time he was able to show, in the still, clear, supernatant stratum of the lymph the presence of mercury, a fact which indicates the rapid transformation of the oleate into an albuminate of mercury.

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### Sodium Sulpho-Carbolate in Scarlatina.

In the *Medical Times and Gazette* Dr. D. J. Brakenridge says:—

So marked an influence did this remedy seem to exert on the actual disease, and so well was it tolerated in full doses, and for a considerable period, by all my patients, old and young, without exception, that *I determined, some time ago, whenever I met with the disease in my private practice, to give the sodium sulpho-carbolate to all individuals exposed to the infection who were not protected by a previous attack.* For I argued, if by internal disinfectants we can destroy or inhibit fever-germs after they have multiplied indefinitely, and produced their pathological effects within the body, may we not reasonably hope that, by previously disinfecting the tissues of the body, the germs which first find their way into them will be much more easily destroyed or paralyzed? I therefore hoped thus to be able either to modify or prevent attacks of infectious disease.

To be able so to control the activity of the disease-germs on their entrance into the body, that the resulting attack should with certainty be rendered mild and safe, instead of severe and dangerous, and the patient thus be protected against a future attack, appeared to me the more desirable end to be aimed at. For to prevent the attack altogether, however desirable this might be at the time, would be to leave the individual still liable to the disease. The results which I have up till now actually obtained have exceeded my utmost anticipations, and require, I am fully aware, to be recorded and received with due caution.

I have administered the sulpho-carbolate of sodium for the above purpose in doses varying, according to age, from five to thirty grains three or four times a day, and sometimes, when well borne, more frequently, to those exposed to the poisons of scarlet fever, diphtheria, and measles. It was given in seven families, to twenty-two individuals exposed to the poison of scarlet fever; in three families, to fifteen individuals exposed to the poison of diphtheria; and in three families, to eight persons exposed to the poison of measles. The diseases have not in a single instance extended beyond the individuals first affected. In the cases of scarlet fever, the patients, as well as those exposed to infection, were treated with full doses of the sulpho-carbolate; and in this way the infection may have been lessened. The cases of diphtheria and measles were treated on ordinary principles, and the absence of any spread of the diseases in these instances must be attributed either to accident or to the protection afforded by the sulpho-carbolate.

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### Coloring Ingredients of the Urine.

Dr. Bogomoloff, says the *Lancet*, has recently published an essay, in which he states that, in his opinion, all the various substances which, when treated with mineral acids, give yellow or red colored compounds, which dichroize into green, have an absorption stria between *b* and F, present the spectral peculiarities of urobilin, and are consequently identical with it. Urobilin is best obtained from urine of a pale-yellow or bright-yellow color. As the color of the urine becomes more reddish-yellow, other coloring compounds are obtained, of red, indigo-blue, emerald-green, and other tints. Pathological urine presents many different shades of color. The higher the temperature of the body, the more urobilin is formed, whilst other coloring matters almost disappear. He describes the character of the coloring matter of the urine in cholera and in certain diseases of the liver, and adduces reasons for holding that the biliary acids play an important part in the formation of the normal and pathological urinary coloring matters. He shows, further, that injections of the biliary acids into the blood are followed by phenomena similar to those which occur in disease; whilst the injection of biliary coloring matter and of blood coloring matter are followed only by negative results. Lastly, he finds that injection of indican solution produces the same results as the injection of the biliary acids—namely, increase of the indigo-blue coloring matter of the urine.

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### On Ligating a Main Artery to Arrest Acute Inflammation.

Mr. Maunder, in a lecture on this subject, reported in the *Lancet*, gives the following:—

There is thus accumulated a fair amount of experience to show that the principle of *withholding* blood from an inflamed structure, under certain conditions, is immediately beneficial. As to the means to this end, let them be as innocent as may be consistent with success. I would not, for a moment, insist on the application of a ligature in all cases where the principle is to be tried, provided that a simpler method will suffice, whether by compression with a tourniquet, by acupressure needle, or by

hand. But it must not be forgotten that it is one thing to suggest a mode of treatment, and another thing to carry it out efficiently. The ligature once applied, all anxiety as regards the passage of blood ceases; but less decided measures, above mentioned, require such care and attention to details as can rarely be given. Having witnessed the value of the principle, I do not hesitate to urge upon the profession a trial of it when practicable. It may appear strange that I have not tied an artery oftener, for inflammation; but I did not wish to ride my hobby to death, nor to bring the principle into discredit.

FACTS AND CONCLUSIONS.

That ligature of the superficial femoral artery has arrested acute inflammation consequent on wound of the knee-joint.

That ligature of a main artery will quickly diminish profuse suppuration, and prevent death by exhaustion.

That, while it arrests profuse suppuration, it will, by allowing the patient to gain strength, afford an opportunity for amputation at a future time.

That gangrene and secondary hemorrhage, as the result of ligature, should not be anticipated in the healthy subject.

That the dread of these has arisen from our knowledge of the consequences of the ligature in instances of known diseased vessels—aneurism, for example.

That a slough on the heel, caused by the pressure of a splint, was quickly detached, and the wound soon closed, although the superficial femoral had been tied a few days previously.

That symptoms of inflamed bone ("starting pains") quickly disappeared.

That the arterial tension of the rest of the body will be increased beneficially by the ligature.

Such are the conclusions at which I have arrived, from a review of the above subject; but, seeing that this operation originated in America long before I was born, while I thought it had been first suggested by me in 1866, I may well say, "there is nothing new under the sun."

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### Statistics of a Scarlatinal Epidemic.

We quote the following notes of an epidemic which occurred in the Mater Misericordiæ Hospital, Dublin, last year, as an example of what insufficient and even *wrong* treatment results in. It is from the Dublin *Medical Journal*, July 1st.

The cases were classified under three heads, viz:—

1. "Mild," in which the eruption was florid, the throat but slightly engaged, and no complication existed.

2. "Severe," or those in which the fever was high, and accompanied by a copious and florid eruption of a somewhat miliary character, diffuse inflammation and ulceration of the tonsils and fauces, delirium, and diarrhœa.

3. "Malignant," or cases in which the eruption was dusky and imperfect, the surface in some degree livid, the temperature low, the throat in a sloughy condition, and in which, moreover, diarrhœa, vomiting, suppression of urine, and coma, were exhibited.

The total of cases was 105, viz., "Mild," 73; "Severe," 24; "Malignant," 8.

The "Mild" cases, of which, in twenty-four instances, the patients were over four and under ten years old, and in forty-nine, over ten years, all recovered.

The "Severe" cases yielded a mortality of fifteen out of twenty-four; of the fatal cases four were under ten years, and eleven over that age.

The "Malignant" cases amounted to eight, viz., three under ten years, and five over ten years. All these were fatal.

No case was presented under four years of age.

The treatment adopted in the "Mild" cases consisted in the administration of the chlorate of potash with dilute hydrochloric acid (five to ten grains of the former, and five to ten minims of the latter, with syrup and water, every third hour); astringent gargles, compound powder of chalk as demanded by the state of the bowels, and fifteen to twenty grains of the bromide of potassium at night. The average period of illness was twelve days.

In the "Severe" cases the same treatment was pursued, with the addition of the free application of the glycerine of carbolic or of tannic acid to the fauces, and of poultices to the neck. Average duration of illness twenty days.

The "Malignant" cases were treated chiefly with diffusible and alcoholic stimulants; the average duration of illness was twenty-six hours.

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### Treatment of Neuralgia.

The *Practitioner* gives a sketch from Dr. Von Pitha on this subject:—

V. Pitha himself has suffered for two years from the most severe neuralgia, in consequence of an accidental wound in an operation, and his account of his own case contains many points of interest. In particular he dwells upon the vagaries of the imagination in this affection, and states that he was perfectly convinced he had a stone in the bladder, the irritation of the projecting spiculæ as well as the blows of the stone against the mucous lining of the viscus being distinctly felt; and he was only satisfied of the incorrectness of his opinion after the bladder had been carefully searched with a sound. From that moment all the sensations vanished. From observations on himself and others, he believes the subcutaneous injection of morphia to be the most satisfactory mode of administering it, since it operates quickly, and the narcosis is slight compared with the great diminution of pain that is effected; moreover, it may be frequently repeated without injurious effects. The smallest effective doses should be commenced with, and these

should only be increased when absolutely requisite. He gives a caution against employing morphia in those who have disease of the heart, as it sometimes produces in them deadly pallor, cold sweats, etc. When the toxic influence of morphia is manifested, he recommends energetic walking in the open air, washing of the skin with vinegar, clysters of strong coffee, and, in extreme cases, artificial respiration. As a remedy preventing the unpleasant after-effects of morphia on the stomach and intestinal canal, V. Pitha recommends hydrochlorate of quinine, or a minute proportion (100th of a grain) of atropin may be added to the injection fluid.

### The Dangers of Operating upon Habitual Drinkers.

Sir James Paget, in his recently published Clinical Lectures, says (pp. 14 and 15):—"One does, indeed, sometimes meet with habitual drunkards who pass safely through the perils of great operations; but these are rare exceptions to the rule, according to which one may reckon that the risks of all operations increase with the increasing degrees of habitual intemperance. I think you will find that a habit of slight intemperance is much worse than occasional great excesses; that regular soaking is worse than irregular carousing; probably because of the steady impairment of the blood and of all the textures to which the soaking leads. Of course you will keep your hands off notorious drunkards, unless you are driven by the stress of a strangulated hernia, or a stopped windpipe, or something leaving you as little choice as these do. But you must be on your guard to detect a good deal of drunkenness of the soaking kind, which is not notorious and not confessed. Be rather afraid of operating on those, of whatever class, who think they need stimulants before they work; who cannot dine till after wine and bitters; who always have sherry on the sideboard; or who are always sipping brandy and water; or are rather proud that, because they can eat so little, they must often take some wine. Many people who pass for highly respectable, and who mean no harm, are thus daily damaging their health, and making themselves unfit to bear any of the storms of life."

### Inoculation of Varicella.

Professor Steiner, of Prague, reports, in the *Wiener Med. Woch.*, of April 17th, the results of ten inoculations which he has performed. He terminates his paper with the following conclusions:—1. The contents of the varicella pustule are decidedly inoculable, as of ten inoculations eight were successful and only two negative. 2. As the result of inoculation, varicella always gives rise to varicella, and never to variola. 3. The incubation period in all the successful cases extended to eight days. 4. In four of the cases the condition of the children remained quite unaltered during the incubation period, the eruption appearing suddenly, without any preliminary symptoms. 5. In the other four there was a marked prodromic stage, which lasted four days, and was marked by increase of temperature and pulse, evening exacerbations, restless sleep, heaviness, and loss of appetite, with redness of the mouth and fauces. 6. The increased temperature, when present, diminished on the appearance of the eruption. 7. The fever usually disappeared rapidly and completely, intercurrent increase of temperature occurring only rarely on the appearance of fresh vesicles. 8. Vaccination exerted no influence on the form of the eruption. Of the eight children, five had been and three had not been vaccinated. 9. Varicella does not protect from variola, for a child, fourteen days after varicella, died of confluent variola.

### On Pneumonitis.

Dr. Henry Gibbons, Sr., of San Francisco, remarks, in the Pacific *Medical and Surgical Journal*:—

Blisters partake of the popular odium which has been engendered by medical schismatics against what is styled the "old school" practice. It is not often necessary to retain a blister so long as to produce full vesication, which may be followed by painful ulceration. There is another method to which I am in the practice of resorting with eminent benefit in the forming and early stages of pneumonitis, and also in pleuritic and intercostal pains. Apply a large blister, five by six or eight inches, and cover it with a soft poultice, or with wet flannel and oiled silk. Keep it in place not longer than two or three hours; then remove it and continue the poultice or flannel. A few scattered patches of vesication may ensue, or only a diffused inflammation; but in twenty-four hours these will have vanished, and a second application of the blister may be made. This method is applicable to a wide range of cases. I always employ the old-fashioned emplastrum cantharidis in preference to other vesicatories.

I will conclude by repeating the general idea that the attempt to establish a form of treatment for pneumonitis is sheer quackery; that few diseases require a wider range of medical measures; that each case stands by itself as an object of discriminating judgment; that the several stages demand different and even opposite treatment, and that the patient is to be treated, rather than the malady.

### Dangers of Foul Water.

In a lecture on sanitary matters, in London, Dr. de Chaumont said that his experience of water contaminated with organic matter and albuminoid ammonia coincides with that of almost every other observer, that in all epidemic visitations of enteric fever, diarrhœa, etc., the water is the chief element in the propagation of filth-disease; that houses which have unguarded drainage communications with cesspools or sewers may receive through such communication the same filth-infection as if the excrementitious matter stood rotting within their walls;

and that public or private reservoirs or water conduits, giving accidental admission to filth, will carry the infection of the filth whithersoever their outflow reaches. Numerous conclusive illustrations of this truism were given, and which the lecturer had fairly traced out to their source. Since it is seen to be impossible for the masses of our overgrown population to deal effectually with a polluted water supply, it clearly becomes the duty of the State to deal effectually with the danger; and it is for Parliament to say that one of the most important elements of life shall be supplied, in a wholesome state and in proper quantity, to every household.

## Reviews and Book Notices.

### BOOK NOTICES.

**Two Thousand Years After; Or, a Talk in a Cemetery.** By John Darby, author of "Odd Hours of a Physician," etc. Philadelphia, Claxton, Remsen and Haffelfinger. 8vo, pp. 106. Price $1.

The above volume, though not on a medical subject, is by a physician, and an eminent one, and treats of a topic in which all are interested, to wit, the grounds of a belief in a God and a life hereafter. Socrates and his friends are supposed to reassemble two thousand years after the cup of hemlock, and to renew their discussion in the light of modern science. The argument is divided into three stadia, the one general, the second on the soul, the last on man.

The position of the author is that certain men—not all, but those so gifted—possess a "seventh sense," as he styles it, by which they are enabled to come at the knowledge of God, and through the cultivation of which they reach a share in the very nature and immortal life of God. That in this identification the personality of the man certainly disappears, is denied, on the ground that the conception of the oneness of God does not conflict with the conception of severalty in him, just as the sea, though one, is ruffled by a million waves, each an individual one. Mind, reason and intelligence the author speaks of as brain functions, and, therefore, perishable as the organ which yields them. The durable resides in the "seventh sense," which he speaks of, and which he calls "apprehension."

The view thus presented is, in its outlines, a familiar one, the principal novelty being the assumption of a special faculty by which man learns of God. We are obliged to add that this, too, is the weakest part of the argument. There is a law of reasoning, well recognized in both physics and metaphysics, known as the Law of Parcimony, which, in the words of Sir William Hamilton, "forbids the multiplication of principles, powers, entities or causes; above all, the postulation of an unknown force where a known power or a known impotence can account for the effect" (*Lectures on Metaphysics*, Lect. xxxix). Auguste Comte calls it "le principe, vraiment fondamental, qui partout prescrit de former l'hypothèse la plus simple que comporte l'ensemble des documents à représenter." (*Systeme de Politique Positive*, iv, p. 174). Now the psychology of man and other animals abundantly shows that the feelings of religion and the knowledge of God are products of mind in its known and familiar actions. Sir John Lubbock claims to have found traces of religion among ants, and Darwin has pointed out a similitude of it in dogs. It is derived, through the category of causality, under simple laws, and the assumption of a special sense for it is singularly needless. The author acknowledges (p. 84) that the "apprehension" teaches nothing but negatives, and it is this persistency in assigning fixed value to negatives or privatives that has been the bane of metaphysics, and is the fatal error in all ontologies. How crazy would the mathematician be thought who would try to assign a value to $\sqrt{-1}$, a familiar formula in trigonometry? Not less insensate is the endeavor to make an incomprehensible the subject of sane writing.

One point in the work we must unqualifiedly condemn; that is, the statement of the relative character of good and evil. Our author is clearly of Emerson's opinion, that "bad is good in the making." He says "nothing is wrong in itself." This is a most mischievous doctrine, and just as superficial as it is mischievous. Any careful reading of the laws of mind establishes beyond question the absolute character of the abstractly true, and its total contrast to the untrue. We might as well speak, in physics, of a union between the zenith and the nadir, as, in thought, of the really untrue turning, by some metamorphosis, into the true.

We had marked for comment some other passages in the book, but our space is exhausted. As an honest, though we believe a mistaken, attempt to solve the riddle of existence, we commend it to the large class who love to read on these subjects.

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D. G. BRINTON, M.D., EDITOR.

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## THE CONTRACT SYSTEM, AND THE SELECTION OF UNION PHYSICIANS.

In England, and in many of the large cities of this country, the various Union and Mutual Benefit societies are accustomed to employ physicians at so much a year, to attend the families of all members. The latter thus obtain professional attendance at much below regular rates, and there are always plenty of doctors who will accept the charge, even if the fees they derive do not average over fifteen or twenty cents a visit. Another plan is, instead of thus "lumping the job," the society agrees to employ one M. D. as the regular attendant of all members, in consideration of which he is to charge an unusually low figure all around. In one instance we heard this fee was to be 25 cents, in another 12½ cents each visit! This is cheap, dirt cheap, but possibly up to the quality of the attendance.

It becomes a serious question how far such schemes are consistent with the real interests, not of the profession merely, but chiefly of the patients. As those who bid for these positions will offer their services directly in proportion to their inability to obtain family practice and better paying patients, the worst doctors will usually get the job.

Our attention has been called to the subject lately, by an occurrence in New Orleans. The Firemen's Charitable Association had employed Dr. Joseph Holt, at a salary of $750 a year, to attend its members. At the request of the New Orleans Medical Protective Association, he discussed and condemned the system of Union services, for which, we understand, the Firemen dismissed him. His words, however, were strong and pertinent, and they deserve to be placed as a warning before the profession generally. He says, in a statement published in the New Orleans *Picayune*, July 15—

Why was I so forward in speaking on this question? In my address I distinctly stated that I had been delegated to do this work by the physicians holding offices in the service of societies and associations throughout the city. Holding the largest of these positions, it seemed to these gentlemen befitting that I should represent them in urging this reform. Without hesitation I accepted the task, and have labored in our cause with my utmost zeal, and will only cease with the end of this pernicious practice, pronounced upon by the great and the good in our profession, by all the medical men, of every creed, who are personally entitled to the respect and confidence of their fellow citizens, declared by them as immediately tending towards the demoralization and degradation of our profession.

I have said that in the approaching annual elections of these societies and associations we find ourselves forced to play in the role of petty bar-room politicians, if we hope to win or hold again our positions.

This remark is either true or it is false. It is palpably true that if we ignored society practice by contract, physicians would never be arrayed against each other in an anxious struggle for an office. Whether political or not, the office seeker is the natural and deadly enemy of every other seeker for the same office. He knows but one law, to vanquish and to destroy,

as far as he is able, his adversary. Every means to this end is, to him, the means which justifies the end.

Physicians having established in this city the system of society contract practice, this has forced upon those entering into practice the necessity of obtaining an office, simply because the beginner could find little or no business outside of these organizations. It becomes to him a professional necessity to get the patronage of a society or association. In doing so he finds himself confronted by several others seeking the same position. Only one can have it. What is the result? Electioneering, in any and every way that may directly or indirectly help his cause. Driven, by this vice in our profession, to face the issue, he turns office seeker with the facile grace of a gymnast. He throws his whole soul into the business, and stands, it may be, even among his adversaries, nonpareil as a semi-political bar-room doctor. Bravo for his pluck! He faces his necessity like a hero! Yet he feels the professional disgrace, and determines, when the time shall come, to proclaim it.

This contract practice, both in its principle and in its application, is wrong on both sides. The most sacred right of a man, rich or poor, is the right to determine who shall cross the threshold of his home, and, above all, into whose hands he shall surrender the health, the lives, and, it may be, even the honor of his family.

This is well put, and is, it seems to us, indisputably true. The contract practice, like receiving so much a year for a family, has tendencies really injurious, both to physician and patient.

The demands of charitable associations, on the other hand, should be met in a fair spirit. They have a right to be heard, and if the regular profession will not meet them by a proper and equitable arrangement, the irregulars will rake them in. We would suggest that a general effort be made to induce the officers of Unions to apply directly to the local medical societies for their physicians; and then that the choice be decided, first by the elimination of those who do not want the place, and then, by lot, among applicants for it.

## Notes and Comments.

### The Use of Inunction.

Dr. Fisher, in the New York *Medical Record*, insists upon the value of this measure applied for other than mere local purposes. It should be preceded by a warm bath, after which the patient should be clothed in a loose flannel wrapper, long enough to cover the feet and preserve the bedclothes from soiling. The oil, slightly warmed, should then be liberally applied by the bare hand of the attendant over the entire body and limbs. The first result is the production of a general sense of comfort, any nervous irritation that may have been present undergoing diminution. A gentle perspiration soon shows itself, sometimes accompanied by an erythematous eruption, which is, however, but slight and temporary. The general conclusions of the paper are, 1. That inunction is a valuable method of introducing nutritive material into the body. 2. The vegetable oils are better suited for inunction than the animal oils or fats. 3. Inunction is chiefly useful in diseases and derangements in which wasting is a marked symptom, and it is especially beneficial in scrofula, syphilis, and rickets. It is serviceable in nervous affections; in convalescence from acute disease; in many chronic diseases, especially those of the chest and abdomen, and in children.

### The Value of Pepsin.

In a review of Stille's "Therapeutics and Materia Medica," the *Lancet* observes:—We are surprised to find that pepsine is omitted from the present edition, being dismissed from the materia medica with the note that "experience has shown that the notions entertained for a time of its virtues were illusory, and as the history of this preparation has furnished a fresh demonstration that *a priori* conclusions on therapeutics are generally valueless, any account of its preparations and uses appears superfluous." As far as we are aware, there are no published facts which afford sufficient ground for such an abrupt dismissal of an agent still in wide use. That carefully prepared pepsine possesses the alleged property of dissolving albumen is unquestionable, resting upon ample evidence. There can be no doubt that the best specimens of commercial pepsine, prepared both in Germany and this country, possess the

same property. In the opinion of many of the physicians of largest experience in this country, good pepsine is of considerable value in the treatment of gastric troubles, at least, if we are to judge from the fact that it is still frequently prescribed. Many pepsine preparations are quite inert, both those prepared in this country and in America, but this is hardly sufficient ground for wholly condemning it.

### The Contagious Diseases Acts.

These Acts continue to be much discussed in England. The *Lancet* remarks:—

The object of the promoters of this legislation was not to provide immunity for their own sex at the cost of the other, as alleged by some, but to eradicate, as far as possible, a contagious disease of the gravest character, which is constantly transmitted from parent to offspring, by removing those affected with it from the opportunity of propagating their disorder, and to induce the moral and social improvement of a numerous and degraded class. It is a very remarkable fact, which should never be lost sight of, that the opposition to these Acts has not come from places where they have been in operation, but from places where the inhabitants have had no practical acquaintance with their working. As regards the physical results, the evidence obtained from statistical data leaves no room for doubt that the amount of disease has been lessened in stations under the Acts, and the character of it favorably altered.

### The Pathology of Diphtheria.

Professor Henoch, of Berlin, says, in a recent lecture, that "the diphtheritic process has been anatomically distinguished from croup by the peculiarity that the mucous membrane becomes infiltrated with the secreted matters, while in croup there is a deposition of a free membrane on the surface of the mucous membrane. There is, in fact, a primary fibrinous croup, which has nothing in common with diphtheria as an infectious disease. Towards establishing the proof that a primary croup may exist, and which not uncommonly follows and is the sequence of a catarrh of the larynx, becoming, in fact, plastic croup, take the following case of measles:—A boy, suffering from measles, was admitted into the Charité, with laryngeal catarrh strongly developed, and yet there was nothing to be seen in the throat beyond simple angina. The hoarseness, however, continued for some days, even after the diminution of fever. After four days' duration the temperature rose, and in a few hours croup was developed, for which tracheotomy was performed. From the aperture in the trachea a long plastic tube of membrane was drawn out. The canula was retained for ten days, and the child recovered. Such cases prove that true croup may be developed from a catarrh; but it must be confessed that at the present time cases of true croup, compared with those of infectious diphtheria, are of rare occurrence."

### The Cause of Delirium.

Dr. E. L. Fox, in a late work on nervous pathology, says:—My own belief is, that, in all cases, delirium is an expression of functional inactivity, or perverted activity, accompanied or caused by deficient blood supply; in anæmia, from deficient circulation; in toxæmia, from the circulation of the blood, part of which, at least, is unfit for functional purposes, and therefore useless; in hyperæmia, because, from the very pressure upon the vessels the due interchange between tissues and nutritive material is rendered abnormally difficult. It stands to reason, therefore, that, except in the latter condition, the post-mortem appearances will be few.

### The Ideal Medical Journal.

When the Alumni of the Medical Department of the University of Pennsylvania met, this year, the Address was delivered by Dr. Cornelius G. Comegys, of Cincinnati. It has since been republished in pamphlet form (pp. 79), with the proceedings of the meeting. The address is a clever one, well suited to the occasion. One passage in it we shall quote. After making the just observation in regard to medical journalism, that "no one is adequate to its development who is, withal, a general practitioner," he gives his ideal of a medical periodical, to wit: A weekly journal, so capacious as to be encyclopedic in character, in which could be found, at least, a condensed view of the proceedings of distinguished medical societies in this country and in Europe; hospital reports; notices and thorough criticism of new books; the republication of important lectures and papers of eminent men, at home and abroad; a receptacle, also, of original home articles; the collection of the medical news of all of our large cities; the careful record of new reme-

dies and special practice, and the notation of the progress of cognate sciences. Thus the busy, general practitioner would find himself possessed, in one journal, of the fresh advanced movements in every department of his profession, and might become familiar with the names and work of the leading writers and teachers everywhere.

The essence of an ideal is that it can never be realized. But so far as it may be, our endeavors have been, in the management of the Reporter, in the identical directions pointed out by Professor Comegys.

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### On Diabetes.

The second edition of Professor Seegen's valuable work On Diabetes contains a *résumé* of his views, the chief points of which are these. Healthy urine contains no sugar. All sugar in the urine, excepting its mere momentary presence from a passing cause, is an expression of a morbid process in the organism: one cannot distinguish, in its origin or its results, between diabetes mellitus as a disease and as a harmless increase of a physiological process. The sugar excretion is the result of an anomalous conversion of the liver-glycogen into sugar; a direct excretion of the food-sugar does not take place. There are two forms of diabetes: one, in which only the glycogen formed out of the carbohydrates is converted into sugar; the other, in which the glycogen originating in the albuminates is also changed into sugar. A morbid condition of the central nervous system is in most cases to be traced as the cause of this anomalous process. Whatever the origin, the excretion of sugar is the cause alone of all the characteristic symptoms. There exists an intimate connection between excessive fat-formation and sugar-secretion. Corpulence, especially in the young, is often a forerunner of diabetes. The symptoms of diabetes fall into two groups: one occasioned by the presence of sugar in the blood; the other the result of defective nourishment. A hereditary disposition is by no means infrequent. The course of the disease is most favorable when there still exists some tolerance of amylaceous food: the second form runs much more quickly to a fatal termination. Cure of diabetes, so that starchy food may be freely eaten, is not observed. The prognosis depends on the form of the disease, the age of the patient, the power of living on a flesh diet, and the temperament. In the treatment of diabetes, the regulation of the diet is of first and primest importance. Among remedies, alkalies and alkaline mineral waters have proved themselves the best. The use of Carlsbad water has always a favorable influence on the symptoms of diabetes; the amount and the duration of the influence varies with the severity of the disease. Opium and its preparations have, among all known means, the most decisive influence on the excretion of sugar; but the duration of the action is only exceptionally an enduring one.

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### The Influence of Chloroform on Ferments.

Some important observations have recently been made by M. Muntz, on the effect on various ferments of the addition to them of chloroform. He finds that its effect is very different on the two classes of ferments which have been distinguished by Dumas as chemical and physiological ferments. On the former, which consists of a nitrogenized but unorganized material, it has no effect; on the latter, those in which the fermentation is the concomitant, if not the result, of a process of growth in vital organisms, chloroform has the effect of arresting the fermentation at once. Milk, to which a small quantity of chloroform had been added, remained for four months without becoming curdled, and no organism appeared in it; fresh urine, under the same conditions, remained for two months, at a temperature of 25° to 30° C., without undergoing ammoniacal fermentation or yielding organisms; the result was the same with flesh, gelatine, and starch. The alcoholic fermentation of sugar in contact with yeast was completely arrested by the presence of chloroform.

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### Forci-pressure.

Prof. Verneuil, of Paris, for hemostasis, is still strongly advising *forci-pressure*, which, as the Professor mentions, was first practiced by Desault, in 1790. It chiefly consists in the application of forceps with continuous pressure, which may be kept up from twenty-four to forty-eight hours without inconveniencing the patient. The instrument has even been known to remain until it became spontaneously detached. The blades may be smooth or toothed, the latter acting more quickly, and, in most cases, successfully. M. Verneuil is convinced that this practice, so long neglected, will not again be so unaccountably abandoned.

### Therapeutical Notes.

ARSENIATE OF IRON IN PURPURA.

In the *Lancet*, Dr. Porteous gave arseniate of iron, with nutritious diet, in an obstinate case of purpura in a child of seven. In the course of five days the marks began to fade, the sores at the angles of the mouth healed up, no more blood was either vomited or passed at stool, and in a fortnight no traces of the disease were seen. The appetite also returned.

CROTON-CHLORAL HYDRATE IN NEURALGIA.

Dr. Spender, in the *British Medical Journal*, says:—The power of this medicine over neuralgia seems so unquestionable, that I am confident it will soon occupy a leading place among our antidotes to pain. There are certain cases of what Dr. B. W. Richardson calls "neuralgic fever," *i. e.*, general neuralgia with some pyrexia, which are completely controlled and ultimately cured by a combination of quinine and croton-chloral. In an instance of this sort very lately under my care, a maiden female, aged 49, I gave a grain of quinine in solution with three grains of croton-choral, in a pill, every two hours during the daytime; and, when the desired success was obtained, the medicines were gradually left off. Moreover, there is this good point about chroton-chloral, that, even if it fail to produce any benefit, it never seems to do any harm.

THE BROMHYDRATE OF QUININE.

Professor Gubler states that he has frequently employed this new preparation, both in private and in hospital practice, and that it has the advantage of being more rich in the alkaloid, and more soluble in various menstrua than the sulphate of quinine. He gives, usually, 0·40 centigramme in two doses daily, sometimes reaching 0·60 or 0·80 centigramme; and, on very rare occasions, one gramme. He has also used it hypodermically. The only case which he relates is one in which the bromhydrate was successfully employed in treating incoercible vomiting in pregnancy.

COLLODION IN ERYSIPELAS.

In allusion to a recently published case, in which M. Broca arrested the advance of erysipelas by surrounding the eruption with flexible collodion, applied over a breadth of six or eight centimetres all around its margin, Dr. Lubauski, of Nice, writes, to say that this is a practice which he has pursued with invariable success during the last thirty years—ever since, in fact, M. R. Latour introduced the medical employment of collodion. The great point is to immediately repair any breaches that may be made in the collodion circle. He has also applied collodion with great advantage to the eruption in a case of zona.

THE PRURITUS OF VARIOLA.

Dr. Noel Guéneau de Mussy recommends the following ointment to allay the pruritus which accompanies the eruption of variola, and to prevent the patient from lacerating the skin by scratching:—Bromide of potassium, three grammes; camphor, thirty centigrammes; cerate, thirty grammes. To be applied several times daily.

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### The Indiana University.

The Annual Report of the Indiana University sets forth its claims as an institution of learning with abundant display. Its medical department is located in Indianapolis, and among its clinical advantages is the Bobb's Free Dispensary, "under the control of the Faculty." In this dispensary patients are allowed to choose their plan of treatment, and if they prefer homœopathy, homœopathic physicians are assigned them! That this should be openly advertised, and printed on its cards, by a school which calls itself regular, is a piece of subservience to ignorance and prejudice which is a personal dishonor to every member of its Faculty.

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### Notice—Compendium Agency.

Dr. Cone, of New York, and the Rev. M. C. Lockwood, have been *discontinued* as agents for the *Half Yearly Compendium*. No payment for it will be recognized, except to persons bearing written authority from this office.

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## Correspondence.

### The American Medical Association.

ED. MED. AND SURG. REPORTER:—

Your readers may be interested in the following sketch of the origin and aims of the American Medical Association:—

This Association may be said to represent the seventy thousand regular practitioners of the United States, including delegates from the army and navy. During the late civil strife, while religious organizations were broken up, the Association was the bond of union between North and South. Dr. N. S. Davis, born in

Broome county, New York, and now resident in Chicago, may be esteemed the father of the Association. It has been in existence thirty-eight years. Its meetings are held annually, during the month of May, in the various large cities, electing at the time all officers, excepting the Permanent Secretary. The "Code of Ethics," adopted by the majority of the State Medical Societies, constitutes the rule of action of its members.

The Pharmaceutical and Health Association, with that of Superintendents of Hospitals for the Insane, may be indirectly traced to have had their origin in this organization. While the Faculty of the Medical College of Georgia has the credit to have first proposed the holding of a Convention of delegates from all the Medical Colleges of the Union, this Association begun its actual existence in the city of Philadelphia, May 1847, where were gathered, as has been said, representatives "from the hills of New England, the broad prairies of the West, and the sunny plantations of the South, not for pecuniary gain, but to give each other the warm hand of friendship and to coöperate in the adoption of measures to promote the best interests of our noble profession." It was resolved to recommend to all Colleges to extend the lecture term from four to six months. The Medical Departments of the Universities of Pennsylvania and Virginia promptly complied with this recommendation.

At the annual meeting in Baltimore, in 1848, Drs. G. B. Wood, J. Bigelow, and Hugh H. McGuire were appointed delegates to visit and exchange friendly intercourse with the British and Provincial Medical Association of England.

At the meeting in Boston, 1849, the Report on Medical Literature was made by Drs. W. E. Horner, Condie and Hays, recommending the circulation among the members of the profession of the medical journals of the day. The subjects of Hygiene, Indigenous Medical Botany, and the Improvement of Medical Education, were discussed.

In 1850 the Association assembled in Cincinnati, where the example was first presented of setting apart one evening for a general entertainment, provided by the local profession.

In Charleston, 1851, wines and ardent spirits were freely furnished as a part of the entertainment, a feature, it may be remarked, more honored in the breach than the observance.

In 1852, at the meeting in Richmond, Va., resolutions relative to an assimilated rank of the Medical Staff of the Army and Navy were discussed, and a memorial on the subject was prepared and addressed to the Secretary of the Navy. This action, since, has resulted in the passage of a law securing the just rights of the medical officers of our Navy. At this time Dr. J. L. Atlee proposed a subscription towards procuring a suitable stone for insertion into the national monument, in process of erection at Washington City. The design for the memorial stone represents Hippocrates refusing the presents of the ambassadors of King Artaxerxes, who invited him to go to Persia and succor the enemies of Greece.

The constitution of the Association had now assumed a definite form, and subsequently the Code of Medical Ethics was adopted. The constitution declares that the Association "is entirely a voluntary organization, the acts of which carry with them no other force than the inherent justice of the acts themselves, coupled with the moral weight of the body from which they emanated. 2. The influence of the various State and local Societies. 3. Of the Medical Colleges." 4. It may be added, "as a social and professional reunion of kindred spirits and great minds, whose memories afford perennial delight, designed to give impetus to the progress of medical polity and science, to exercise moral suasion rather than that of authority, and to seek to secure a complete reform in medical education."

Among the most active and faithful members of the Association may be named Drs. N. S. Davis, Mussey, Baldwin, Yandell, the Atlees, White, Johnstone, of St. Louis, Logan, McGuire, Toner, Woodward, Busey, Atkinson, Smith and Drysdale.

The Association, since the late war, has acquired new life and energy, and has contributed to open up new fields of inquiry to all lovers of medical science; it has enlarged the boundaries of sanitary and quarantine laws; has given an impetus to the formation of State Boards of Health, and the organization of local medical societies, the collection of vital statistics, the registry of births and deaths, and the adoption of a correct nomenclature of diseases, the prevention of the adulteration of drugs, the investigation of the causes of zymotic and epidemic diseases; and lastly, has taken a firm stand against all forms of charlatanism. The government has been assisted in framing the census rolls, and, under the lead of Logan and Bell, is encouraged to establish a National Sanitary Bureau. The nucleus of a National Medical Library already exists in Washington City, and lately a plan was matured to hold an International Medical Congress in Philadelphia, on the occasion of the Centennial Exhibition in 1876. The younger members of the profession are well encouraged to go forward. As Americans, we have reason to admire the achievements of Sims, in the department of Uterine Surgery, of Atlee, in Ovariotomy, Woodward, in Microscopy, Toner, in Medical Biography, Logan and Bell, in the work of Sanitary Reform, and Hammond and Barnes, in the Completion of Hospital Structures.

F. Horner, Jr., M.D.

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### Ventilation.

Friend's Asylum, Sept. 4, 1875.

Ed. Med. and Surg. Reporter:—

I cut the enclosed paragraph from the last number of the Reporter [Another Method of Ventilation]. My object in calling thy attention to it is simply to say that I believe the

same idea is, in the main, contained in the article on ventilation in my annual report for the year 1874. I am fully persuaded in my own mind that the principle expressed in the paragraph as I send it to thee, with a few words erased, is the true one, and that the numerous failures in ventilation we hear of are owing solely to this principle not being understood. I have attempted to develop it briefly in my report for the year 1874, a copy of which I send thee. I do not ask thee to give thy attention to the matter, but if thee likes to look into it, I think thee will find that the idea contained in the paragraph is not original, and the system referred to is not new, but that it is the only true one. Apologizing for trespassing so far on thy time and attention, I remain, very respectfully and truly, J. H. Worthington.

[The words erased were "according to the law of the diffusion of gases."]

## News and Miscellany.

### Meeting of Tri-States Medical Association.

The fifth annual meeting of the Tri-States Medical Association was held at Port Jervis on the 1st inst. There were members present from Orange and Sullivan counties, N. Y., and from Pike county, Pa. Dr. Cook, the President, occupied the chair, and delivered the annual address. Interesting cases in practice were reported by several of the members, which elicited profitable comment and discussion. The following officers were elected for the ensuing year:—

*President.*—Dr. Wm. B. Eager, of Middletown.

*Vice-President.*—Dr. J. H. Hunt, of Port Jervis.

*Treasurer.*—Dr. George B. Curtis, of Hawley, Pa.

*Recording Secretary.*—Dr. D. H. Decker, of Monticello.

*Corresponding Secretary.*—Dr. W. W. Appley, of Cochecton.

Delegate to New York State Medical Society, and to the American Medical Association, Dr. J. H. Thompson, of Goshen. The meeting adjourned to meet at Port Jervis on the first Wednesday of December.

### Personal.

—Drs. J. A. Adrian, of Indiana, and Edward C. Harwood, of New York, who were chosen by the United States Medical Association as delegates to the International Medical Congress, to meet in Brussels on the 19th, sailed, September 1st, for Europe, in the steamship Scythian.

—The author of the article on Uterine Hemorrhage, which appeared in the Reporter of August 6th, is Dr. W. W. Howard, of Milwaukee, Wisconsin.

### Queries and Replies.

Harmony, Maine, Sept. 1, 1875.

Mr. Editor.—Will you, or your correspondent, Dr. J. C. C. Downing, state, in the "Queries and Replies," the form and construction of Cutter's Pessary, and its advantages over others. Yours,

Wm. McLaughlin, M. D.

Mr. Editor.—Will you please answer this question: What will prevent the falling of hair? I am but 25 years old, and nearly all my hair is gone. I am perfectly healthy, and always have been.

J. W. M., M. D.

*Answer.*—We could give plenty of recipes, but will await suggestions from readers.

Editor Medical and Surgical Reporter.—I find in your last issue some cases reported, in which it is stated that Iodide Potassium will produce salivation in the cases of patients who have never taken mercury. I would beg to submit the following case: Being called upon to prescribe for a lady of this place, I prescribed Tilden's Elixir Iodo Bromide Calcium Compound, and in a day or two salivation followed. The patient told me she had never taken mercury, but, upon close investigation, I found she had been in the habit of using ointments containing mercury. Would not this be sufficient grounds for salivation to follow the use of the Iodine preparation.

Very Truly, H. C. Ferguson.

*Augusta, Ky.*

### Marriages.

Russ—Hindle.—At the residence of the bride's mother, Camden, N. J., on the 27th ult., by Rev. A. H. Lung, Eben J. Russ, M. D., of St. Mary's, Pa., and Clare, only daughter of the late Grundy Hindle.

### Deaths.

Beckwith.—In this city, on the 20th inst., Sarah Ann, relict of Dr. S. W. Beckwith.

Fessenden.—At Brooklyn, on Sunday, Aug. 22, Helen Maria, wife of Dr. B. F. Fessenden, and daughter of the late Samuel Kissam.

Jessop.—At Harveysburg, O., on the evening of the 9th, Dr. Comly Jessop, of Cincinnati, aged 44 years.

Massa.—On Wednesday, 25th inst., Kate K., wife of J. C. Massa, and daughter of Dr. E. G. Steele of New York.

Moses.—July 21, on board steamer St. Paul, during the passage from Detroit to Buffalo, Christina, infant daughter of Dr. Thos. F. and H. C. Moses. July 23, at Erie, Pa., Ethelwyn, twin sister of the above.

Ritter.—At his residence, Morrisania, Aug. 30, Washington Ritter, M. D., in his seventy-first year.

Roberts.—August 16th, 1875, J. D. W. Roberts, M. D., of Cincinnati, O., in the 34th year of his age.

Schafer.—Suddenly, in Birmingham, N. J., on the 11th inst., Milton, infant son of Dr. Herman and Mary M. Schafer.

Webb.—At Hempstead, Long Island, on Wednesday, Aug. 18, Mrs. Anna Elizabeth, wife of Edwin Webb, M. D., and daughter of the late Josiah Hornblower, M. D., of New Jersey.

THE

# MEDICAL AND SURGICAL REPORTER.

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## Original Department.

### Communications.

### EMBOLISM AND THROMBOSIS.

Read before the Sumter Co. Medical Society, in May, 1875.

BY JOHN S. HUGHSON, M.D.,

Of Sumter, S. C.

The subject selected for consideration is comparatively new in medical literature, or rather, the knowledge of it has not been widely spread until of late years. Nevertheless, it is full of interest to those keeping pace with the vast advancements being daily made in the science of medicine, and well deserving the thorough, profound study and attention of the medical scholar. We, in our student days, read with pleasure and interest, in the then standard work on obstetrics by our distinguished countryman, Charles D. Meigs, of heart-clot, and the graphic descriptions then given of this affection, but we failed to see in his explanations of the cause the true and now universally accepted pathology, as discovered and set forth by the eminent Virchow, of Berlin.

In considering this subject, I would state that my personal experience with the results of embolism and thrombosis have been limited, and that in preparing this paper I claim no originality, but shall avail myself of such helps as I have in my profession from the medical literature of the past three years, and works recently penned by eminent and acknowleged authors.

These terms, thrombosis and embolism, are firmly linked together, and it is hardly possible to effectually study or understand the one without having our thoughts directly attracted to the other. In order distinctly to understand the subject, we would define the words thrombosis and embolism, and thus avoid confusion in our after remarks.

By thrombosis we understand "the arrest of circulation by coagulation in any of the vessels, whether it be the arteries, veins, or lymphatics, and so we have arterial thrombosis, venous thrombosis, and lymphatic thrombosis" (Barker); or, as very plainly set forth by Dr. Lidell, of New York, "thrombosis signifies that some part of the vascular system is obstructed (more or less completely) with blood-clots, or some morbid product derived from blood-clot, which has been spontaneously developed at the place of obstruction. The word *thrombus* represents the obstacle itself, *thrombosis* the process by which the obstacle, *i. e.*, the coagulum, is originally formed, and through which it may afterward, according to circumstances, be removed (absorbed) or become inert (organized), or be destroyed (disintegrated)." And further, "thrombosis may occur in any part of the circulatory apparatus, in the veins, in the arteries, and in the heart itself; and it occurs with very much greater frequency in the veins than in the arteries."

*Embolism* "signifies that some blood-vessel is obstructed by an embolus or plug, which has been brought in the blood-stream from some more or less distant point, where its formation occurred" (Lidell). "In *thrombosis* the occluding coagulum is always formed from the blood at the seat of obstruction; in *embolism* the occluding plug is carried in the blood, already formed, to the place of obstruction." "Throm-

bosis occurs, for the most part, in the veins; embolism in the arteries."

In embolism, it is simply a blocking up; "If a fragment of clot in a vein become detached, and be carried by the circulation up to the heart, and then to a branch of the pulmonary artery, which is too small to permit it to pass on, this stops the current of blood, and constitutes embolism of that artery. If an excrescence be detached from one of the aortic valves, and be carried into the arterial circulation, when it reaches an artery of too small a calibre to permit it to pass on, then is embolism at the point where the circulation is arrested. It may be small enough to be carried into a capillary vessel, and then we have capillary embolism. Thus . . . embolism implies that the blocking agent, whether it be a detached fragment of coagulum, a valvular excrescence, a pus globule, or any foreign substance, has been transported from some other point in the circulation. Further, it is obvious that the emboli or blocking agents, if in the veins, are always carried toward the heart; if in the arteries (excepting, of course, the pulmonary arteries), they are always carried from the heart." (Barker, on Puerperal Diseases.) "Embolism of the main artery not unfrequently occasions gangrene in the extremities. Thrombosis of the corresponding vein almost never leads to such a result." (Lidell, *American Journal of Medical Science*, October, 1872).

In the consideration of this subject we will use the following classification (as laid down by Dr. Lidell) of the varieties of thrombosis:—

1. That occurring in the heart, central or cardiac thrombosis.

2. That occurring in the arteries, or arterial thrombosis.

3. That occurring in the veins, or venous thrombosis.

Central thrombosis is the spontaneous formation of coagula in the right chambers of the heart and the pulmonary arteries.

Thombrosis and embolism of the pulmonary arteries, and of the right cavities of the heart "are the lesions which occur more frequently in puerperal women than arterial thrombosis and embolism." (Barker.)

"Venous thrombosis has long been recognized as one of the frequent lesions of the puerperal period, but to Virchow belongs the honor of having established the fact in medical science that a portion of a venous clot may be detached and carried into the circulation, and cause sudden death by its arrest in the pulmonary artery. From autopsical examinations and from the results of a series of experiments, Virchow arrived at the conclusion that thrombosis of the pulmonary artery was always due to embolism, except in the very rare cases where it resulted from lesion of the parenchyma of the lungs, or from disease of the artery itself. But more recent observations have demonstrated that clots may form in the pulmonary artery and in the right cavities of the heart, as a primary lesion" (Barker).

"If the conditions of hyperinosis and inopexia be increased by hemorrhage, or any other cause which results in anemia or asthenia, spontaneous thrombosis may occur in the pulmonary artery, or in the right cardiac cavities, in some cases where there is no thrombosis in the veins, and in some cases at the same time, or even before the clotting in the peripheral veins. These facts were prominently brought out by Dr. W. S. Playfair, of London, in a series of able papers on this subject, published in the London *Lancet*, in 1867" (Barker). And in *Braithwaite's Retrospect*, of 1868, in connection with the articles just referred to, we find the following conclusions as the result of Dr. Playfair's investigations by practical experience and post-mortem examinations:—

"1. Obstruction of the pulmonary artery after delivery may depend either on embolism or on spontaneous thrombosis.

"2. The former (embolism) usually occurs at a much later period after delivery than the latter; and spontaneous thrombosis, probably, corresponds with and is due to some cause similar in its nature to that which produces the obstruction of the peripheral veins in true cases of embolism.

"3. Both thrombosis and embolism are much more common in patients who are anemic and weak, either from hemorrhage or other causes.

"4. It is probable that obstruction of the pulmonary artery sometimes occurs without proving fatal.

"5. The main element in the treatment of such cases is the most rigid rest and a nourishing, supporting regimen.

"6. As far as present statistics go, thrombosis and embolism seem more common in primiparæ than in multiparæ."

On making an autopsy of fatal cases presenting such symptoms of thrombosis and embol-

ism as will presently be referred to, "the right chambers of the heart and the pulmonary artery are found to be obstructed with ante-mortem clots" (Lidell). Dr. Barnes has collected fourteen fatal cases, and to these Dr. Playfair adds eleven others, "being twenty-five cases of central thrombosis occurring in puerperal women, in which accurate post-mortem examinations were made. In these cases the occluding clots may be divided into two classes, viz., first, genuine thrombi, or those which were formed on the spot by spontaneous coagulation of the blood, and second, emboli, or those which were originally formed in the peripheral veins, and migrated from thence to the heart or pulmonary artery, where they generally induced a secondary thrombosis" (Lidell).

Regarding the causes of thrombosis of the pulmonary artery, Dr. Fordyce Barker, in his recent work on "Puerperal Diseases," thus states them:—

"1. An embolus from a clot in a peripheral vein.

"2. Spontaneous, arising from the same condition of the blood (hyperinosis and inopexia) as causes thrombosis in the veins.

"3. Such lesions of the parenchyma of the lungs as arrests the current of the blood through the smaller vessels of the pulmonary artery.

"4. Arteritis, which is exceedingly rare."

From the analysis of the twenty-five cases before referred to, Dr. Playfair diagnoses between thrombosis and embolism of the pulmonary artery "by the period after delivery when the phenomena of the lesion are first developed." True embolism not occurring before the nineteenth day, or later, after delivery, "because a considerable time is required for the thrombi in the peripheral vein to soften and disintegrate sufficiently to admit a portion being detached and carried to the right side of the heart" (Barker).

"But when death happens shortly after delivery, he believes that the coagulation in the pulmonary arteries corresponds to the formation of the original thrombus in the peripheral veins, which must of necessity occur in cases of true embolism" (Barker).

The symptoms of thrombosis and embolism of the pulmonary artery I will enumerate briefly: "The most characteristic and prominent, and usually first to be noticed, is great difficulty of breathing." "sometimes frightful," "respirations suddenly increasing to forty and fifty a minute," "convulsive contractions of the muscles of the chest," anxiety of countenance. "The movements of the heart are at first impetuous and irregular, but speedily become very feeble and rapid." "The pulse, in a short time, becomes very frequent, small, weak, and sometimes imperceptible." "Patient prays for air, face becomes livid, the surface covered with a cold sweat, the extremities cold" (Barker). "The signs of asphyxia and collapse rapidly increase, and death usually soon closes the scene" (Lidell).

Dr. Barker says, "In some death follows after a few moments of agony, while in other cases, after a little time, there is a mitigation of the symptoms, and the fatal result is postponed for a few hours, or it may be for a few days. I have no doubt that a very considerable number of cases entirely recover." "It would seem as if the obstruction of the artery is gradually removed, either by displacement or fragmentation, and all the symptoms resulting from the occlusion disappear." Dr. Barker cites one case of recovery. Dr. Playfair calls attention to three of his cases who recovered. "Thrombosis of the pulmonary arteries may suddenly cause death by complete asphyxia, or life may be prolonged some hours, or even days, and gradually terminate by a series of attacks of asphyxia" (Barker).

In the treatment, perfect rest is absolutely essential; alcoholic drinks, opiates, quinine, iron, and other agents of this class, may be used, as indications present themselves.

Dr. Barker, in his admirable work, thus refers to the symptoms, and especially the treatment, of one case under his care:—

The patient referred to was taken at twelve o'clock, P. M., three hours after delivery. "There was a sudden change in her face and a fearful gasping for breath. The pulse could not be felt at the wrist, and the heart was beating irregularly and tumultuously, but with a feeble impulse. Her countenance seemed to bear the stamp of death, her face and forehead were covered with cold drops of perspiration, and her extremities were cold." "My first thought (says Dr. B.) was of internal hemorrhage, but I was soon satisfied that there was none. From this time, until after six o'clock in the morning, I never left her for one moment. She took during this time a full half ounce of McMunn's elixir of opium, a full bottle of brandy, and a wineglassful from a second bottle. Many times as

the liquid was put into her mouth it gurgled in her throat, and I was obliged to stimulate deglutition by all the reflex means at my command. Twice I applied a lighted taper to the epigastrium, for this purpose. This excited a gasping respiration, breathing having apparently ceased, and deglutition immediately followed. At half past six in the morning her respiration had greatly improved, her pulse had returned to the wrist, and the extremities had become warm. I need not tell you with what anxiety I watched this case until she had perfectly recovered."

Leaving, now, this interesting subject of central or cardiac thrombosis, we will only remark that, not only in puerperal women is this lesion found to exist, but in many other conditions.

Trousseau speaks of its occurring in rheumatism. Druitt reports a similar case from the same cause; also cases are reported by Dr. Playfair, Dr. Roget, and others.

Dr. Lidell says that while puerperal women are especially prone to the occurrence of thrombosis in the right side of the heart and pulmonary artery, the so-called metastasis of gout and rheumatism to the heart, in his opinion, consists sometimes (and, perhaps, not unfrequently) in the occurrence of cardiac and pulmonary, or central, thrombosis.

In membranous croup, Dr. Tanner, in his work on the "Practice of Medicine," says, with regard to croup, my own experience would lead me to believe that death is much more frequently due to thrombi than to simple asphyxia.

In all cachectic disorders a fatal issue is frequently induced by thrombosis of the heart and pulmonary artery; for example, in phthisis, syphilitic marasmus, carcinoma, granular kidney, and chronic dysentery. M. Paget has reported a case in which thrombosis of the pulmonary artery occurred in a person suffering from stricture of the urethra and paralysis of the bladder.

Again, the performance of a surgical operation is sometimes quickly followed by death, because thrombosis of the heart and pulmonary artery has been induced by it.

We next proceed to, and will only (for want of time) consider

*Peripheral Thrombosis*, as, perhaps, the next in interest to the general practitioner. "There are two varieties of this affection, viz: venous and arterial. They depend upon whether the peripheral veins or the peripheral arteries are the seat of the disorder. The former, however (venous), occurs much more frequently than the latter, and possesses a much greater degree of importance in a practical point of view" (Lidell). In these cases there are always exhibited primarily undoubted signs of blood disease. Anemia and leucocythemia very frequently precede any symptoms of thrombosis. In surgical cases (and these, probably, are the most frequently met with) pyemia often precedes, the formation of thrombi, and this formation may, "to some extent, be ascribed, with propriety, to the influence of the pyemia itself." Large abscesses in any part, secondary abscesses in the lungs, and general disease of the lymphatic glands, especially the spleen, producing leucocythemia, may be adduced as conditions of system predisposing to venous thrombosis. The general symptoms are paleness, weakness, anemia, and leucocythemia; the local symptoms in surgical diseases, an indisposition to heal, sloughy appearance, perhaps, phagedena, *œdematous tumefaction* of the part, enlarged, bluish, knotty appearance of the superficial veins.

The treatment consists in the administration of stimulants, tonics, nutrients and opium, internally, with such local treatment as the necessity of the case may demand.

*Arterial* thrombosis of the extremities. "This has been observed much more frequently in connection with the so-called spontaneous gangrene of the aged, than with any other disorder." (Lidell, *American Journal Medical Science*, January 1873.)

The first case of this nature was discovered by the illustrious Dupuytren, and published in his work on "Lesions of the Vascular System." I am indebted to the very excellent article of Dr. Lidell for the history of this case, and I take the liberty of giving it in full, as it is full of instruction, and not a bad representative case "of dry gangrene, resulting from a thrombosis which began in the minute arteries of the lower extremities."

Case —"Dry gangrene of left foot, typhoid symptoms and death.

"*Autopsy.*–The arteries, especially the left tibials, extensively ossified; the left tibials and their branches here and there plugged with thrombi; corresponding veins also filled with thrombi."

"Catherine D., aged 71, a servant, was admitted into the Hôtel Dieu in March, 1824. Health generally good until between two and three months before admission, when a black

spot appeared, without apparent cause, on the third toe of the left foot, accompanied by pain, which deprived her of sleep; the gangrene spread rather rapidly, and in two months involved the whole anterior half of the foot. There was a violet-colored circle of inflammation found on both the upper and lower surfaces of this foot, to which the patient referred her suffering. The pulse intermitted irregularly. She was bled, with marked relief, and the foot was poulticed. About a fortnight after admission she became delirious, the gangrene again began to spread; she gradually sank, and died on May 5th.

"*Autopsy.*—The mortified toes were denuded, dry, black, and considerably shrunken. The tendons and a part of the ligaments were destroyed, and the bones themselves had become diminished in size. The third metatarsal bone was partly carious The arteries of this part of the limb presented traces of common osseous degeneration in an early stage; here and there clots were found, which plugged the vessel. The veins, as far as the middle of the thigh, and especially the deep ones, were filled with dark clots; at some spots these clots had the yellowish appearance of fibrin The aortic orifice of the heart was narrowed, but presented no ossific deposit. At some points of the aorta the first traces of atheromatous degeneration were observable. At others there were bony patches, of limited extent; there was one of larger size immediately above its bifurcation. The right carotid, brachial and femoral arteries presented, here and there, flaky deposits of bone. In the affected limb these were more numerous; indeed, both tibial arteries were almost entirely converted into bone"

In commenting upon this case, Dr. Lidell asks "what were the causes of the thrombosis in this case?" And thus the question is answered: "First, atheroma and calcification of the affected arteries. In consequence of this disorder the calibre of these vessels became diminished, especially in spots, and thus the blood-stream was retarded. In consequence of this affection, also, the inner surface of these arteries became rough and disposed to the fixation of blood clots. Finally, in consequence of this affection, the walls of these arteries lost their elasticity and contractility, and became unable any longer to assist in producing the onward movement of the blood. Second, enfeebled action of the heart, from old age. Third, increased coagulability on the part of the blood itself."

In other cases the arterial thrombosis occurs primarily, not in the minute arteries of the limb, but in the main artery itself; this occurring at any age, though mostly in the aged. The diagnosis is easily made, there being no pulsation in the artery affected, cord-like in its course, and gangrene the result, more rapidly and to a greater degree than in the variety first referred to. A third variety is one of true embolism, the embolus or plug being brought, in the blood-stream, from some more or less distant point. Embolism proper, of the extremities, "derives most of its importance from the fact that it induces secondary thrombosis. If in cases where emboli lodge in these arteries the blood did not coagulate around them so as to fill up the arterial canal, and if these coagula did not, by extending themselves, block up the collateral channels also, then the limb would generally be saved from gangrene by the establishment of a collateral circulation. . . . . When embolism occurs in the arteries of the extremities, a supplementary occlusion of all their ramifications is brought about by the secondary thrombosis which it induces" (Lidell).

To be brief, thrombosis of the arteries of the extremities, and consequent gangrene, have been found (by post-mortem examinations) to have occurred in puerperal conditions, in rheumatism (an interesting case to be found in Holmes' "System of Surgery"), in ulcerative endo-carditis, pleuro-pneumonia, typhus, and other forms of continued fever. In the "Transactions of the Pathological Society of London," Dr. Murchison "has reported a very instructive case of embolism and secondary thrombosis of the iliac, femoral and other arteries, with primary thrombosis of the femoral veins, occurring in a woman aged 45, affected with typhus fever, who exhibited œdema of the lower extremities for some considerable time before death."

"Constitutional syphilis is occasionally attended with thrombosis of the arteries of the extremities" (Lidell). In the great majority of cases, when the large arteries of the extremities are primarily attacked, the subjects have been young or in middle life. I find in the *American Journal of Medical Sciences*, for January, 1869, an interesting article from the pen of Dr. J. Forsyth Meigs, relating the particulars of a case of peripheral embolism fol-

lowing a combined attack of scarlatina and diphtheria, in a boy ten years of age, ending in recovery. He says:—"This case, with those in the paper on heart-clot, just alluded to (an article entitled 'Heart-clot as a Cause of Death in Diphtheria,'—*American Journal of Medical Sciences*, for April, 1864), furnish an explanation of some of those sudden and unexpected deaths during the course of scarlet fever and diphtheria, and even during an apparently favorable convalescence from these diseases, which hitherto have been referred to as caused by sudden debility, or which have been gaped at in silent horror, and dismissed as beyond all rational explanation." In the same article, Dr. Meigs relates the history of a case of peripheral embolism "connected with disease of the aortic valves and coarctation of thoracic aorta, ending fatally." The causes concerned in the production of thrombosis of the peripheral arteries may briefly be stated as follows:—

"1. Increased coagulability on the part of the blood itself, due to hyperinosis on the one hand, as seen in parturient females and rheumatic subjects; or to excessive development of the white corpuscular element, on the other, as occurs in the marasmus which is produced by advanced age and wasting disease.

"2. Atheromatous and calcareous degeneration of the arterial walls, promoting the formation of thrombi by impairing the elasticity and contractility of the arterial coats, narrowing the arterial channels, and by roughening of, or occasioning projections from, the inner surface of the arteries.

"3. Feeble heart action.

"4. The lodgment of emboli in the arterial canals. These foreign bodies being apt to cause stasis, and consequent coagulation of the blood round about them, whenever they happen to get caught in the peripheral arteries" (Lidell).

*Symptoms and Course.*—When the minute arteries of the feet are primarily affected, two distinct types are presented: in the one "a brown spot forms upon one toe, becomes black and gradually spreads till the whole toe becomes dry. In favorable cases a line of separation forms at the phalango-metatarsal articulation, the toe falls off, and the stump cicatrizes. But the mummification may go higher, and limit itself in the middle of the foot, above the malleoli, in the middle of the leg, or just below the knee. In another series of cases, however, the disease begins with symptoms of inflammation, œdematous swelling of the toes, very great pain, and dark bluish-red discoloration, which subsequently becomes black. In this form of moist hot gangrene, the disease usually attacks several toes at once, and extends to the foot, till, in the course of a few weeks, the entire foot, perhaps the leg also, becomes gangrenous.

The symptoms are quite different when the main artery of the limb is the primary seat of the coagulation. The parts below the obstructed vessel become cold, blanched and exsanguine, the motility becomes greatly lessened, perhaps destroyed, and their sensibility, likewise, is much blunted or destroyed, although they may be the seat of intense pain. At the same time no pulsation can be detected in the artery beyond the seat of the thrombus" (Lidell). If the collateral circulation is free and open, these will gradually pass away and the parts be restored to their normal condition. If, however, no collateral circulation be established, the parts will be stricken at once with gangrene, "decomposition will soon set in, and if no line of demarcation is formed, septicæmia will speedily occur and destroy the patient. This variety of arterial thrombosis is, also, for the most part, attended with great pain, of a stinging and burning character, and seated in the gangrenous part (Lidell).

Briefly, to the treatment:—

In the first variety, affecting the minute arteries of the extremity, "we must wait for the process of mummification to limit itself, and for the mummified parts to separate and drop off," in the meantime nourishing the patient, relieving the pain, and securing a soluble condition of the bowels, and attend to such local indications as the varying condition of the affected part may present.

Simon (Holmes System of Surgery) says, "The patient must be confined strictly to his bed, the limb kept warm and slightly raised. Finally, let the surgeon beware of interfering with the separation of the slough; nature will accomplish the task best when unaided. Indeed, surgical interference of any kind is, as a rule, dangerous."

In the second variety, when the main artery is occluded, we must, by all means, endeavor to prevent the limb from becoming gangrenous. "This is to be done by preventing the extension of the thrombus, by favoring the establishment

of a collateral circulation, and, more than all, by protecting the weakened limb from irritation and injury." Sustain the normal temperature by the application of artificial heat. increase the heat's action by stimulants, keep the patient quiet and free from pain by opiates. Should, however, mortification take place, "we must support the patient's powers by the administration of nourishing broths, stimulants, and opiates, with the hope that a line of separation may be formed, and that in this way the patient's life may ultimately be saved" (Lidell).

Dr. Meigs, in referring to the treatment of the case noticed above, when emboli "blocked the subclavian or axillary artery, and the tibials" of the left arm and leg, says: "The treatment here was threefold: absolute repose of body and mind; the free use of nutrients and stimulants; and the maintenance of warmth in the affected limbs. As little waste of the vitality as possible should be allowed. By husbanding in this way the *vis vitæ*, we seem to give nature a larger power to exert her *vis medicatrix*. The principle to be acted upon seems to be, to prolong in every way the life, by saving wear and tear and by the use of food and stimuli; and thus to give nature time to work out her own salvation. Above all, the physician should not abandon hope so long as there is life, in cases of this kind."

Cerebral thrombosis and embolism each present an interesting study, especially in connection with cerebral paralysis and cerebral softening.

Time will not, however, allow even a glance at these subjects, filled though they are with interest and instruction.

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## A CASE OF PUERPERAL CONVULSIONS.

BY H. NYE, M. D.,
Of Enon Valley, Pa.

The following report of a case of puerperal convulsions in a primipara, six and a half months gone in pregnancy, may be of sufficient interest to some of the many readers of your valuable journal to entitle it to a place in its columns. It is, therefore, submitted for publication.

March 1, 1875, I received a telegram requesting me to come as soon as possible to the house of C. D. T., and upon my arrival at the house, about 3 o'clock P. M., I found Miss C., æt. 16, lying on the bed in a comatose condition. She is short, heavy set, with thick short neck and coarse skin. The feet are œdematous, and there is a slight effusion into the cellular tissue; this is more apparent in the face than elsewhere, excepting in the lower extremities. There is no redness of the face or conjunctiva; no heat or dryness of the skin; no permanent rigidity of the muscular system; nor any other symptom indicative of active congestion of the brain; the pulse is 120, but not strong or full; the pupils are normal and respond to light; by shaking and speaking loudly to her she is partly aroused, but upon being let alone she immediately relapses into unconsciousness. I learned, through her mother, that she had had some swelling of the body and upper extremities, and had complained of "queer" feelings for about a week past. During the night before she had passed about a half-gallon of urine, but had passed none since some time in the night. She got up about 8 o'clock in the morning, complaining of a severe pain above the eyes. Her mother told her to lie down on a bed in the room, which she did, and in about an hour her mother went into the room and found her lying on the floor in a convulsion. From that time she had been having convulsions, lasting from one to three minutes, every half hour, and in the meantime lying in a more or less unconscious condition. I made a vaginal examination, and found the cervix and os uteri in a normal condition; the cervix was about an inch in length, through which I introduced my finger and discovered a head presentation. I tried to get her to take a cathartic but she spit it out of her mouth, and in a short time, exclaiming she was blind, went into a convulsion. This was the last time she spoke for at least seventy-two hours. I cupped her along the spine, applied mustard poultices to her feet and ice to her head, in hopes that it might make a favorable impression on her nervous system. I also tried to find a vein large enough to bleed her, but as the patient was fat and the veins small I abandoned the attempt.

I then informed the parents of the girl of the nature of the case, and requested a consultation, as I did not wish to take all the responsibility of the result upon myself. The parents leaving the choice of physician to me, I despatched a messenger to Wm. C. Shurlock, M. D., formerly of Darlington, now of Beaver Falls, Pa., informing him that I had a case of puerperal convulsions, in some way connected with

albuminuria, on hand, and asking him to favor me with his presence and counsel. He kindly and promptly responded to my call, and after a careful examination of the case, and comparing views, we were agreed as to the diagnosis and probable termination of the case. The doctor succeeded in getting about a quart of blood from a vein in the arm, but it had no obvious effect that I could see.

An hour after the venesection, about 8 o'clock, P. M., I made another vaginal examination, and found the cervix and os uteri in the same condition as when I first made my examition. The convulsions continued about as frequent as before the bleeding.

I then suggested that we try to bring on labor, as the only means of saving our patient's life, and as she could not swallow, I proposed the hypodermic injection of quinia, having read, in the REPORTER, several papers wherein it was claimed that the sulphate of quinia had the property of originating and stimulating uterine contraction. The doctor, while agreeing with me that the evacuation of the contents of the uterus would probably put a stop to the convulsions and afford the only chance of life, thought that it was not practicable, as the neck of the womb was fully an inch long, and the mouth not dilated or dilatable. The doctor then left the case in my charge, requesting me to report to him the result. After he had gone I resolved to try and bring on labor by hypodermic injections of quinine, believing that it could not make her case more desperate, and that it was the only chance of saving her life. I therefore injected about three grains of quinia sulph., in solution, hypodermically, at half past 9 o'clock, P. M. The first effect of this procedure was to bring on increased frequency of the convulsions, which led me to fear that I was doing my patient more harm than good; but upon making a vaginal examination, about an hour and a half afterwards, I was delighted to find the neck of the womb shortened and more dilated. Labor, no doubt, was begun. I repeated the hypodermic injection at half-past 11 o'clock. This was followed by a cessation of the convulsions for about an hour and a half; toward the end of this time she began to show decided signs of pain at the return of each uterine contraction. The convulsions then began again and recurred every half-hour, gradually increasing in frequency and violence, till about 6 o'clock, A. M., when, the womb being sufficiently dilated, I delivered her, with forceps, of a dead female child, after which the convulsions ceased, and did not return.

I saw her again the next morning, and she was then gradually returning to consciousness. I relieved her, with the catheter, of a good deal of urine, although I had introduced the catheter at midnight, and in the morning, before using the forceps, and found the bladder empty both times; neither was there any evidence that the urine had escaped involuntarily, as during a convulsion. I should have noted, in its proper place, that some time after Dr. Shurlock had left it was discovered that the arm was bleeding. I could not exactly estimate how much blood she had lost in this way, but think it could not have been more than a pint, and probably a good deal less.

I saw her the last time, professionally, March 8th; the function of the kidneys was then fully established, and her mind was sound, although she had no recollection of what had occurred from the Friday (April 28th) preceding her illness till some time after her delivery.

*Remarks.*—The object in reporting a case for publication should be to furnish the profession with our experience as a guide to right treatment in other similar cases, not to sound our own praise. I may have been rather tedious in noting symptoms, etc., in this case, as I wished to present it just as I observed it, leaving the reader free to form his own opinion as to the correctness of our diagnosis and treatment. The point of real practical importance in this case is, to determine what influence, if any, venesection or the hypodermic injection of quinia sulph. had in the bringing on of labor. Judging by my own observation, I had, at the time, no hesitation in attributing the successful termination of the case to the remedial agency of the hypodermic injection of quinia sulph. in originating and stimulating uterine contraction. I was, therefore, somewhat surprised upon reading a reply, which I had received to my report of the case to Dr. Shurlock, in which, after complimenting me upon the successful management of the case, he expresses himself as follows:—"I must say that I am of the opinion that the success is not due to the hypodermic injection of quinine. I cannot see how or by what way quinia can produce uterine contraction. I am of the belief that the venesection did more to

relax the muscular system and bring on labor than anything else." Further on, in commenting on the necessity of evacuating the uterus in such cases, in order to save life, he says, "but when I saw this case, the neck of the uterus was so long, and the os uteri so undilatable, that I feared that her brain would give out before she would be taken in labor sufficient to allow delivery." Now without pronouncing judgment in favor of either Dr. Shurlock's or my opinion, I propose to briefly point out the facts upon which I have based my conclusion as to the oxytocic effects of quinia in this case. In the first place, we have in the history of the case abundant evidence that our patient was suffering from puerperal convulsions, in some way connected with suppression of urine or albuminuria, or both, and not with congestion of the brain and rigidity of the muscular system. As to this fact, I think both Dr. Shurlock and I were agreed. In the second place, if the convulsions had been dependent on congestion of the brain with rigidity of the muscular system, the venesection ought to have promptly relieved her, and restored her to consciousness; whereas, on the contrary, I could see no improvement fairly attributable to the venesection, either in the frequency and violence of the convulsions, or in the dilatation of the os, or shortening of the cervix uteri.

The reader will notice, by referring to the above report, that the cervix and os uteri were, one hour after the venesection, in the same condition as they were when I made my first examination. And in the third place, the first hypodermic injection of quinia was almost immediately followed by a very much increased frequency of the convulsions, and in an hour and a half, by a decided shortening of the cervix and dilatation of the os uteri. The second hypodermic injection of quinia was followed by a cessation of the convulsions for an hour and a half, and as near an approach to consciousness as any time since I first saw her. Why the first injection was followed by an increased frequency of the convulsions, and the second by their cessation for a time, I leave others to explain; but I think there can be no doubt that the hypodermic injection of quinia produced these results. Whether the above facts will sustain me in my conclusion, I leave the reader to judge.

# Editorial Department.

## Periscope.

**Abstracts of the More Important Papers Read Before the British Medical Association.**

We quote from the journal of the Association the following abstracts of some of the more important papers read before it at the late meeting in Edinburgh:—

*Treatment of Aneurism of the Arch of the Aorta by Means of Galvano-Puncture.* By T. McCall Anderson, M. D., Glasgow.—After giving a report of two cases in which this treatment was carried out with success, Dr. Anderson laid down the following rules. 1. The continuous current battery should always be employed, never the induction apparatus. 2. The kind of battery is of less consequence if it be in good working order; but the cells should be large, so as to increase the chemical effect. 3. The needles should not be very thick, but very sharp, and should be oiled before being introduced, and that portion of them which traverses the skin, walls of the sac, and intervening tissues, should be insulated by means of a coating of vulcanite. 4. The needles should be connected with the positive pole of the battery. 5. A weak current of electricity should be used (from four to eight cells of a large Stöhrer's battery), and the operation may be continued for about an hour. 6. The number of operations, and the length of the intervals between each, must depend upon the effect of those which preceded them. Dr. Anderson concluded by referring to the dangers connected with the electrolytic treatment; viz, inflammation, and the entrance of air and of clots into the circulation, and observed that it was a question to which attention should be specially directed in the future, whether the consolidation of that portion of the aneurism which approaches the surface may not, in some cases at least, favor the extension of the disease in other directions, and lead to internal pressure-symptoms, and to rupture into internal organs.

*Auscultation of the Œsophagus.* By T. Clifford Allbutt, M. D., Leeds.—Dr. Clifford Allbutt read a paper on the investigation of the œsophagus by means of the stethoscope, and stated that this method deserved to be better known to

physicians than it is at present. He referred to Hamburger (*Œsterreich, Med. Jahrbücher*, 1857, *et seq*) as the only person who, to his knowledge, had given much attention to the matter. Hamburger's papers contained much information of solid value, mingled probably with some exaggeration and inaccuracy. He (Dr. Clifford Allbutt) had, however, been able to verify the more important part of Hamburger's observations, and had found the stethoscope most valuable in distinguishing spasmodic from organic dysphagia, and in ascertaining the site and the degree of constriction. He gave instructions in the method of using the stethoscope for these conditions, and described in some detail the normal œsophageal sounds. He then proceeded to compare the variations from the normal sounds which are met with in disease, dividing them into variations of—1. Tone; 2. Apparent size of the morsel; 3. Rapidity of its translation; 4. Direction of its passage; 5. Energy of œsophageal contraction.

*Rheumatic Fever and its Treatment.* By Jas. Johnson, M. B., Birmingham. — The author brought forward for consideration, with regard to the causation of rheumatic fever, the non-conversion of starchy food into glucose, in consequence of irritation from improper food, or from exposure to cold and damp, and the conversion in the cæcum of the undigested starch into lactic acid, which, being absorbed, produced the phenomena of the disease In regard to the treatment to be observed, he advocated the use of bicarbonate of soda given in enema, instead of potash. In twenty cases so treated, the temperature had gone down to below the normal state in the course of seven days.

*Tetany.* By John Haddon, M. D., Manchester.—After commenting on the very recent date at which this disorder had been described in the country, he related two cases which he observed in March, 1875. Case 1 had suffered for more than twelve months from menorrhagia and diarrhœa, and, during the attack, which was one of medium severity, there was one-fifth of albumen in the urine. Bromide of potassium was given in half-drachm doses every hour, and the tetany soon disappeared. Case 2 had a mild attack. She had been troubled for two years with diarrhœa, which was caused by a constriction in the rectum. The same treatment as in case 1 was followed by a like satisfactory result. After commenting on the probable cause in each case, he concluded by urging the profession to watch for and record cases of tetany, seeing that we must have a wider experience of this affection before we can hope to ascertain its real cause.

*Account of some Experiments relating to the Pathological Anatomy of Myelitis.* By D. J. Hamilton, L. R. C. P. & S., Falkirk.—Experiments were made on small animals. The spinal cord was artificially inflamed by having a thread passed through it. The appearances found were, contraction of the axis-cylinders, subsequent fissiparous division of the contracted portions, and the formation of pus from these. The nerve-cells were affected with granular or "œdematous" degeneration. The neuroglia was somewhat increased, but not to a great extent. The perivascular lymphatic spaces of the surrounding pia mater were filled with lymph-corpuscles. One or two cases were quoted in confirmation of the facts.

*Remarks on Hooping-Cough and its Treatment with Carbolic Acid Vapor.* By Robert S. Lee, M. D., London.—Dr. Lee directed attention to the very slight variation in the annual mortality from hooping-cough, to its widespread geographical distribution, and to the results of various kinds of treatment. The conclusions which he deduced were the results of observation of six hundred cases, and the most important remarks were connected with the rise and fall of the disease at the first or second quarter of the year, and the frequency with which the disease was not diagnosed on account of the absence of the laryngeal spasm or whoop. The use of carbolic acid was recommended, as proving more satisfactory than any other kind of remedy; and the method of administering it in the form of vapor, by means of the steam-draft inhaler, was explained. A solution of one part of carbolic acid in ten of water was kept as a standard for mixture, in the proportion of two drachms to four ounces of water. This was introduced into the inhaler, and every four hours its vapor was inspired for ten minutes or a quarter of an hour.

*On the Prevention and Management of Miscarriages.* By Arthur W. Edis. M. D., London.—A brief allusion was made to the mortality occasioned by miscarriages, the life of the fœtus being invariably sacrificed and the mother's life often jeopardized; and not only this, but the fecundity of the female was often destroyed, from the effects of uterine disorder following a miscarriage, to say nothing of the distress and suffering often occasioned. In a series of 2000 cases observed by the author, there were no fewer than 1147 miscarriages compared with 4588 children born at full time. Miscarriages were far too lightly esteemed, both by the public at large as well as by practitioners. Patients with well marked flexion of the uterus, constitutional syphilis, chronic metritis, and numberless other affections, were allowed to go on aborting without sufficient pains being taken to prevent a recurrence. The prevention of miscarriages depended entirely upon proper measures being employed to avoid the contingency of a recurrence of the cause or combination of causes that induced the expulsion of the ovum in the first instance. To say that a patient had acquired the "habit of aborting" was merely asserting our ignorance of the cause, and expressing in other terms the fact that the woman aborted because she aborted. As regards the management of miscarriages, the necessity of a vaginal examination was strongly insisted on. The influence of ergot in the early stage, in

arresting threatened miscarriages, was favorably alluded to, and the employment of carbolic acid injections where any portion of the products of conception were retained was urgently recommended. The author concluded by urging a more careful study of the subject; miscarriages being frequently the starting-point of a long course of uterine distress—dysmenorrhœa, sterility, etc.

*Intemperance in Women, with Special Reference to the Effects on the Reproductive System.* By John Haddon, M. D., Manchester.—Dr. Haddon first considered the existence of intemperance amongst women. Secondly, he pointed out its causes, the principle of which he believed to be; 1, the common practice of using stimulants in some form as a beverage in the family, and as a mark of hospitality to strangers; 2, the frequent prescription of stimulants by the profession; and, 3, domestic or other cares, which make many drunkards. He then considered its effects on the woman's constitution, and pointed out some symptoms likely to be met with, among which he specially referred to its tendency to cause irregularity of the menses, menorrhagia, and abortion. He also endeavored to show that no child-bearing woman should use any alcoholic stimulant.

*Nitric Acid as a Caustic in Uterine Practice, and its Superiority as such to Nitrate of Silver.* By James Braithwaite, M. D.—Nitric acid is the caustic which, of all others, is the best adapted for use in cases of chronic inflammatory disease of the os and cervix uteri, resulting in erosion or ulceration. Nitrate of silver is inefficient, and requires frequent re-application to atone for its defects, both in degree and in the nature of its action. Nitric acid, on the other hand, acts as a caustic in these cases with certainty, and neither does too much or too little. Its application is productive of little or no pain; and, when it has once been properly applied, in some cases, no further speculum-examination is required—such reliance may be placed upon its effects. If an examination be made, which is always better, it need only be after an interval of a month, and then the acid may be applied again to any spot which appears to require it. The resulting sore has a very strong tendency to heal, and does so, partly by contraction, and partly by fresh formation of mucous membrane, which is not cicatricial in appearance. The contraction is greater than follows the application of any other caustic, and is the very thing required to insure the permanence of the cure. The contraction in cases of cervical catarrh is only contraction to a healthy size of the canal, provided the acid is used with proper care. The peculiarly lasting and permanent action of nitric acid enables us to do away with the repeated speculum-examinations, so distasteful to both patient and surgeon, and gives the latter a feeling of confidence of success which he cannot have with any other caustic.

*Obstetrical Statistics.* By J. G. Swayne, M. D. Correct obstetrical statistics, especially of cases attended in private practice, are of great importance just at the present time, when the principles and practice of midwifery are undergoing radical changes. The records of private practice will supply what we cannot obtain from lying-in hospitals, viz, correct statistics of midwifery practice amongst the richer classes of society. Dr. Swayne then referred to statistics derived from his own practice, in order to show that the process of labor, especially in the third stage, is attended with greater danger amongst these than amongst the poor, in consequence of the greater liability to hemorrhage and adhesion of the placenta. He also referred to his own statistics of the varieties of cranial presentation, and pointed out that they differed from those usually given, in assigning a greater frequency to the fourth than to the third position of the head. With respect to forceps operations, his own figures show that the modern practice of employing that instrument with much greater freedom is attended with very good results, but that further researches are needed to determine the relative advantages of the long forceps and turning, in deformity of the pelvis. With regard to puerperal convulsions, they show that there is no good reason for abandoning the old practice of bleeding, whilst fully bearing out the utility of anæsthetics. Lastly, good statistics of private practice are more than ever needed in order to throw light upon the etiology of puerperal fever, a disease which has been lately very prevalent, and of which the prevention is a far more promising subject for consideration than the cure.

*On the Management of the Lying-in Woman.* By Thomas Whiteside Hime, B. A., M. B.—Dr. Hime began his paper by stating that the old and still established theory which represents the lying-in woman as being in a state similar to that of a person after a serious amputation, the uterus being compared to the part operated on, is unscientific and untenable. Parturition is a physiological process, the fulfillment of a natural function, and has no analogy with an operation which is an interference with function. Amputation, whether the result of disease or accident, involves consequences which have no analogue in the process of parturition. The uterus after labor is no more comparable to a stump after amputation than the uterus after or during menstruation. After natural labor (to which Dr. Hime's paper chiefly referred) there is nothing comparable to the collapse succeeding a major amputation; there is no fever, no suppression of secretions, no suppuration, or, if pus be present, it is not derived from the uterus at all, but from the vagina or external genitals, in the great majority of cases.

The significant rise in temperature, from 0.5° C. in multiparæ, to 0.8° C. in primiparæ, is due to normal physiological, and not to morbid action, being the effect of muscular exertion, increased activity of the lungs, liver, and other organs, when relieved from the pressure of the

gravid uterus, and is only fleeting. Milk fever is far more talked of and written about than seen, and is of rare occurrence. The rise in temperature which accompanies the commencement of mammary activity is slight, temporary, and unaccompanied by mental depression or constitutional disturbance of any kind. Operations performed immediately after labor will yield kindly, of which Dr. Hime related several instances in his own practice. Regarding parturition as a normal physiological process, Dr. Hime urged the importance of a decided alteration in the common mode of treating lying-in women as patients, and confining them to bed for ten or twelve days on low diet, the ordinary puerperal dietary being such as would certainly not be given to any patient after amputation. He urged that water-gruel, barley water, tea, and dry toast, should be abandoned for milk, eggs, good soup, chickens, and other digestible meat, to be given from the first, and, of course, in quantities suitable to the conditions of individuality, want of exercise, etc. Stimulants are decidedly injurious, except in special cases It is often urged that, as a large amount of waste uterine tissue, etc., has to be got rid of, low diet should be adhered to; but milk has also to be secreted, and, any how, health and vigor will promote excretion and the performance of all vital functions better than a state of debility. Opiates, ergot, and other drugs should only be given under necessity. The child should be applied as soon as the mother's state permits; if there be no milk at first, only for a minute or so, to encourage its secretion, and the involution of the uterus. The binder is more of an euthanæsia than a benefit after the first twelve hours, but not so the early removal into a fresh bed, and room, if possible, and this may be done within forty-eight hours. The woman may sit up in bed for a short time from the first, a continual maintenance of the recumbent posture for ten or twelve days being as injurious as it is unnecessary, and most patients may be on the sofa on the fourth or fifth day. Above all things, the medical attendant should see that his directions are carried out, and not trust they will be so, especially as to the speedy removal of soiled linen, etc.; not that its presence, any more than the neighborhood of privies, want of ventilation, etc., will *per se* develop metria any more than typhoid; otherwise, eight or nine tenths of lying-in women must inevitably suffer from it, a result equally certain if medical men could convey the germs of disease with them as readily as is assumed. Cleanliness and ventilation always tend to preserve health and check disease, but they are no more needful for the lying-in woman than good nourishing food. After natural labor a woman is not in a diseased state, and the maintenance of health and vigor will be the most successful means of averting all risks.

*On Dysmenorrhœa.* By Mrs. E. Garrett Anderson, M. D.—In this paper, Mrs. Garrett Anderson discussed the following questions:—1. How far is the mechanical theory of dysmenorrhœa supported by facts? 2. What is the relation between mechanical or obstructive dysmenorrhœa and the so-called neuralgic, congestive, and rheumatic forms of the complaint? 3. To what extent ought the mechanical theory, if we accept it, to guide our treatment? With regard to the first question, Mrs. Garrett Anderson agreed with Dr. Marion Sims and Dr. Barnes, that the essential cause of dysmenorrhœa was retention of the uterine secretion. This view was supported by the curative influence of parturition. The author differed, however, from Dr. Sims when he denied the existence of constitutional dysmenorrhœa; for in a large number of cases the retention might depend on a constitutional condition. The anæmic, congestive, and rheumatic forms of dysmenorrhœa were commented on; also that dependent on uterine flexion. Mrs. Garrett Anderson did not believe in neuralgic dysmenorrhœa, as the term was commonly understood. The form thus described might depend on obstruction, or on abrasion of the os, with endometritis of the cervix or fundus. Cases of ovarian origin were believed not to be common in early woman, not to be often primary. "Intermenstrual" dysmenorrhœa was not dysmenorrhœa at all, and was probably due to ovarian congestion. In regard to the treatment, Mrs. Garrett Anderson pointed out that there were facts which seem to indicate that, in accepting the mechanical theory of dysmenorrhœa, it is not necessary to adopt in the first instance, and in most cases, a mechanical line of treatment. Various constitutional conditions frequently gave rise to obstructive dysmenorrhœa, which could often be removed by constitutional measures.

*Neuralgic Dysmenorrhœa.* By Charles R. Drysdale, M. D.—The author thought that a salutary revolution was now setting in against the surgical doctrines held by Dr. Marion Sims and others upon dysmenorrhœa and its causes. Dr. Drysdale very rarely, indeed, witnessed any case where he had found any service to arise from operations on the uterus; whilst he had seen some cases of pelvic abscess and pelvic peritonitis occur from such interference. He was lately consulted by a patient, single, aged thirty-two, who had suffered since the age of sixteen from dysmenorrhœa, and who, on consulting two eminent specialists, was advised by the one to have recourse to incision of the cervix, and by the other to wear a pessary. In this case, the uterine sound passed in its normal direction without difficulty, and the patient had no leucorrhœa nor prolapse of the organ, which was quite normal in size. There was no ulceration of the os uteri, although another eminent specialist had considered this as the cause of her dysmenorrhœa. The author held that there was still too great a tendency to expect to find an evident physical cause for all painful menstruation. Spasm and neuralgia were quite sufficient to account for the vast majority of

cases. Membranous shreds, also, were frequent causes of obstruction to the monthly flow. An illustrative case was recorded. The rational treament of dysmenorrhœa commencing at an early period, consisted not in the use of pessaries, or of incision of the uterus, surely; but in the use of cold baths in the morning, with short walks in the open air afterwards; in hot baths, a few days previously to the menstrual periods; and in palliative treatment of the paroxysms by means of antispasmodics at the epoch of pain. Marriage sometimes cured such cases at once; at other times, it was of no use.

*Syphilitic Placenta.* By Angus Macdonald, M. D., Edinburgh.—Syphilitic disease of the placenta had of late attracted some attention on the continent, but had commanded but little attention from the British profession. The paper embodied the result of a careful microscopical examination of two undoubted specimens of the disease. The chief difficulties that lay in the way of ascertaining the true nature of the disease were twofold. 1. It was liable to be mistaken for fatty degeneration of the placenta, and had been so mistaken by excellent observers, such as Kilian and Robin. 2. It was frequently almost impossible to arrive at a satisfactory proof of constitutional syphilis, till the discovery by Wagner, of Berlin, of osteochondritis syphilitica. Microscopical and chemical examination of the placenta were sufficient to show that such cases were not fatty degeneration. It was easy, also, to prove, in a fœtus born dead, and macerated, whether it was constitutionally syphilitic or not. If the fœtus were syphilitic, there would be a band of tissue between the bone of the shaft and the cartilage of the epiphysis of the long bone, in a condition of inflammatory irritation. This band was bounded by very irregular outlines, both toward the cartilage and toward the true bone, and consisted, according to the advancement of the disease, either, 1. Of cartilaginous cells hypertrophied and greatly increased by proliferation, as also prematurely infiltrated with earthy matter; or 2. Of the above, combined with premature sclerosis of the intercellular tissue, and premature osteogenic formation within the cartilage, and arrest of true bony transformation; or 3. The higher degrees of inflammation might come on, softening and interruption of the connection between bone and cartilage, and inflammatory exudation with, even, suppuration. The results of those changes might be seen both by the naked eye and the microscope, as the reddened or grayish yellow band was quite visible to the naked eye, and the hardened prolongations of premature calcified cartilage were easily seen and felt. The change in the placenta was equally distinct, but varied, 1. According as the father was primarily affected by syphilis; 2. According as the mother was first affected; 3. According as both were syphilitic early in the pregnancy. If the father were primarily affected, the villi were the site of the disease in the first instance. They were the seat of a peculiar cellular hypertrophy and multiplication, named by Fränkel "disfiguring granulation-cell disease," and which consisted of an immense multiplication of the cellular contents of the villi and of the epithelial mantle of the villus, together with an increase of the thickness of the wall of the included vessel. This cellular multiplication and increase proceeded outward from this vessel as a centre, and the rows of connective tissue nuclei were seen to be arranged in circles, reminding one of the appearance of a Haversian canal. In consequence of this cellular multiplication, the villi were enormously increased in size and weight, the vessels were ultimately completely obstructed, and by and by the hypertrophy was followed by atrophy and abortion of the villus. The unaffected portions of the placenta were liable to become congested; extravasations were likely to be hence formed, and the ultimate result was suffocation of the fœtus.

**Quinine in Serpiginous and Phagedenic Ulcers.**

In the St. Thomas Hospital Reports Mr. Croft calls attention to the value of quinine in these forms of disease. In one case, of which full details are given, where serpiginous ulcers of syphilitic origin had long existed, iodide of potassium had been prescribed at various times in full doses. Mercurials had also been given internally, in the form of the biniodide. Calomel vapor baths and topical fumigation had severally been employed without effect. Twice fuming nitric acid was applied without benefit. At length quinine in eight-grain doses was combined with scruple doses of iodide of potassium, and from this time a remarkably rapid cure commenced. In twenty-eight days he was able to walk out of the hospital to go to a convalescent hospital. No relapse took place. The eight-grain doses caused singing in the ears about one week after he had commenced to take the medicine; but it was not discontinued on that account. Mr. Croft gives two remarkable cases of phagedenic ulceration, one of which was syphilitic and the other non-syphilitic, in which quinine proved extremely useful.

## Reviews and Book Notices.

### NOTES ON CURRENT MEDICAL LITERATURE.

——Professor Edward S. Dunster, M.D., has given, in the Peninsular *Journal of Medicine* (and separately), a brief but comprehensive history of anæsthesia. He judges the vexed subject ably and impartially, concluding with assigning the real merit of its discovery to him whose claims have always been advocated by the Reporter—Dr. Horace Wells.

——G. P. Putnam's Sons have published a

pamphlet on "The Relations of the Nervous System to Diseases of the Skin," by Dr. L. Duncan Bulkley. It is an excellent summary of the growing recognition of many skin diseases as neuroses. Foreign authors are quoted abundantly, but the researches of home investigators, Dr. Howard Damon, of Boston, for example, are hardly or at all referred to.

——Dr. A. J. Erwin, of Mansfield, Ohio, has published a paper, read before the American Medical Association, on the treatment of pneumonia by large doses of alcohol. He claims for it great success. In the opinion of many, this plan was long since "tried and found wanting."

## BOOK NOTICES.

**On Alcohol. A Course of six Cantor Lectures,** delivered before the Society of Arts. By Benjamin W. Richardson, M. A., M. D., F. R. S., etc. London and New York. Macmillan & Co., 1875. Paper, 122 pp. Price 50 cents. For sale by J. B. Lippincott & Co.

These lectures first appeared in the London *Medical Times and Gazette*, from which we gave, in the Reporter, at the time of their publication, several extracts. Coming from a physician of the reputation of Dr. Richardson, they were eagerly welcomed by a large class of readers, both medical and secular. At the request of many of these, they were collected, and published in the cheap edition now before us. They are six in number. The first treats of the various uses of alcohol, the second of its chemical relations, the third of its influence on animal life, the fourth of its position as food, the fifth and sixth of the physical deteriorations which result from its excessive use, the influence it exerts on the vital organs and mental functions. The spirit of the course is a heavy indictment against the extent to which alcohol is used in the present day. It requires, indeed, no ghost come from the grave to tell us this; on all sides the terrible evils of the abuse of alcoholic drinks are too evident for any but self-blindness to overlook them. It is sheer dishonesty for any one to deny them, and villainy to palliate them.

What the reader will anxiously seek in the book, and what he will not find, is some suggestion toward diminishing this crying evil. The author gives none. On the contrary, he gives up the problem as insoluble, and finishes his book with the gloomy conclusion that the consumption of alcohol as a beverage produces "an infinity of evil for which there is no compensation and no human cure."

We protest against the spirit and the letter of this conclusion. We believe it is as false as it is fatalistic, calculated to sap the nerves of endeavor, and lead to a supine connivance with evil. Compensation there may not be; cure there is, and it is by earnest human labor that it must be accomplished. None are called upon by their authority and influence, to aid in this labor more than the medical men. They should unite on a plan, and make it a leading purpose, to limit and check the ominous influence of alcohol.

**Lessons on Prescriptions and the Art of Prescribing.** By W. Handsel Griffiths, Ph. D. L. R. C. P. E., etc. London, Macmillan & Co., 1875. Cloth, pp. 150. Price $1.25. For sale by Lindsay & Blakiston.

Any one who has had to examine the manuscripts of physicians, cannot fail but notice how erroneously the prescriptions are written in them. Take the file at any drug store, and if one in ten is correctly expressed, using officinal terms, properly abbreviated, and with due regard to Latin syntax and etymology, we may well be surprised. Even in many articles in journals, and worse than that, in many printed books, there is visible the same ignorance of the rules of construction. In this journal, therefore, we have usually advocated the dropping of the case terminations, and the Latin forms of prescriptions, and the use of the officinal terms in the English constructions.

If, however, the absurdity of Latin forms must be kept up, let physicians try, at least, to acquire a sufficient tincture of grammar not to perpetrate a blunder every time they write a prescription.

To aid them in this limited ambition, the work of Dr. Griffith is an appropriate one. It is brief, clear, complete, and presents all that is needed on the subject, without useless amplification. A great many useful hints are added, on suitable combinations, on elegant preparations, on incompatibility and posology. It is written for the English physician, but the difference is not great between the two countries, in respect to formularies, and the republication of English books render all American physicians familiar with the British pharmacopœia.

THE

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A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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## "CONSUMPTION OF THE LUNGS."

The disease which, beyond all others, is the real *opprobrium medicorum*, is that which is styled in the Health Reports, "Consumption of the Lungs." This vague and generic appellation is as good as another, as, notwithstanding the innumerable discussions which have taken place on the pathology of the group of diseases so named, clear, distinctive marks are still wanting. However much we differ on the signification of the post-mortem appearances, we are only too familiar with its clinical features.

Were an equal mortality to occur in any one month, from an epidemic disease, the alarm would be great; but, as it is, the law of familiarity holds sway, and we look with apathy on the destruction of life by this cause.

In this city, last year (1874), the deaths from consumption numbered 2304 out of 14,300 deaths from disease. This gives about 16 per cent. The following table, given by Dr. Henry B. Baker, the well known statistician of Michigan, illustrates the deaths in a number of American cities from this cause. Its accuracy we believe to be approximative only, however:

| City. | Year. | Total death rate per 1000. | From consumption in 1000. |
|---|---|---|---|
| Knoxville..... | 1874 | 11.4 | 2.4 |
| Jacksonville, Fla. | 1872 | 13.4 | .... |
| Pittsburg..... | 1873 | 26.46 | 2.45 |
| San Francisco... | 1873 | 19.33 | 2.74 |
| Cincinnati ..... | 1871 | 18.17 | 2.66 |
| Wheeling, W. Va. | 1873 | 14.66 | .... |
| Brooklyn ..... | 1873 | .... | 3.16 |
| New York ..... | 1874 | 27.62 | .... |
| Baltimore..... | 1873 | 28.23 | 3.67 |
| Boston ..... | 1873 | .... | 3.96 |
| St. Paul ..... | 1872 | 17.7 | .... |
| Quincy, Ill..... | 1872 | 15.9 | .... |
| Denver, Col..... | 1873 | 17.28 | 4.07 |
| New Orleans.... | 1872 | 30.6 | 4.25 |
| Vicksburg..... | 1872 | 36.5 | .... |
| Memphis..... | 1872 | 46.6 | .... |

The reports from Chicago and San Francisco for last year show about 15 per cent. of the deaths from disease in those cities attributed to consumption.

This fatality seems actually increased when we look at European cities. In Paris alone, this affection carries off annually from 7000 to 8000 victims. Thus, in 1872, out of 39,650 deaths from all causes, there were 7436 from phthisis, and, in 1873, out of 41,732 deaths, 7919 were from this affection. This gives an average of twenty-two a day. But what is most remarkable is, that while, from the improved sanitary arrangements that are being daily carried out for the health of the inhabitants of this great city, the mortality from other causes has been considerably diminished, that from pulmonary phthisis is still in the ascendant.

The months in this city in which the most numerous deaths from consumption are reported, are those of early spring—March and April; the least in June and September.

The Registrar General of Scotland, in his last annual report, remarks that in that country there are ordinarily two maxima of fatality: one in November, and the second, more marked, in March; and, though commonly looked upon as a pulmonary disease, it did not agree with the other pulmonary diseases mentioned, in its behavior with relation to temperature. This re-

lation was preserved in the three winter months, for the increase of mortality from it was only 5 per cent. above its constant. It appears that dryness must be added as an attribute to cold to make it act most perniciously on the subjects of phthisis, though this seems contradicted by other experiences.

Too frequently the physician, on recognizing a case of phthisis, secretly gives up all hope, and continues his attendance merely as a form. In this he does himself injustice. We recollect hearing Prof. DaCosta remark, in a clinical address, that about two per cent. of the cases of phthisis tended naturally to recovery. This observation, the correctness of which we do not question, should encourage us to labor and hope for a system of medication by which we can bring about similar changes in other patients. One chance out of fifty is terrific odds, but it is at least something, and should give us encouragement.

## Notes and Comments.

### Therapeutical Notes.

SCIATICA.

Dr. Peter, of Paris, recommends bandages saturated in chloroform. They should be bound firmly over the affected part.

NITRATE OF SODA IN DYSENTERY.

The use of this remedy in dysentery is by no means novel, Velsen having recommended it in 1819. Attention has, however, again been called to it, and the dose recommended is from three to six drachms during the twenty-four hours, and amelioration is said to occur the following day. Where the disease is entirely rectal it is more efficacious than where the cæcum is involved.

CEREBRAL RHEUMATISM.

Three cases of this formidable disease, treated by M. Bouchut with hydrate of chloral, have recovered. He gave from three to six grammes (= 45 to 90 grains) in divided doses, repeated at frequent intervals until the excitement abated.

SALICYLIC ACID IN DIPHTHERIA.

In children too young to gargle, Dr. Wagner, of Fribourg, gives salicylic acid in water or wine, in doses of ten to thirty centigrammes (about 1½ to 4¾ grains) every two hours. For those who are older he prescribes the following gargle:—

Salicylic acid, 150 parts,
Alcohol (to dissolve it), 15 parts,
Distilled water, 150 parts.

To be used every two hours. If the solution deposits any crystals he dissolves them by warming it. He reports fifteen serious cases of diphtheria cured by this method.

HYSTERIA IN THE MALE.

Dr. Foet recommends compression of the testicles. One very severe case was thus relieved "in less than a minute."

PITYRIASIS CAPITIS.

Dr. Malassez recommends the following ointment to be thoroughly rubbed into the scalp morning and evening:—

℞ Butter of cacao,
Castor oil,
Oil of sweet almonds, āā ℥j.
Turpeth mineral. grs, xv. M.

The hair should be cut short, and the head washed with an alkaline soap every other day.

### The Woman Physician Question.

The Germans are nothing unless *gründlich*. When they speak, no dog should bark. There is a prospect, we learn from the *Allg. Med. Central Zeitung*, that what the polite editor calls "the American pest of woman physicians, which, like those other American pests, potato-bugs and trichinæ, threatens to reach Europe," has been forever set at rest by Dr. Med. W. von. Zehender, Professor and Medicinalrath, in his just published work, "*Ueber den Beruf der Frauen zum Studium und zur praktischen Ausübung der Heilwissenschaft.*" He goes into the topic anthropologically and historically, and as he proves that the ladies are quite out of place at the bedside, doubtless, they will forthwith accept their fate and retire to the kitchen or parlor, to play the piano or to chronicle small beer.

### The "Grand Climacteric."

We have always supposed that what the old physicians said about the "grand climacteric," which is placed at 63 years of age, was a relic of mediæval superstition, arising from the mystical powers of numbers. Professor O'Connor, of Dublin, however, says it is a real fact.

His language (in the Dublin *Medical Journal*) is as follows :—

"Any physician in much practice must have seen many persons about the age of sixty-three, the great climacteric, falling away from health, without being able to find any assignable cause on the most careful inquiry. His friends notice a great change in his appearance, and believe he is approaching his end; and soon after the same individual is seen in full vigor, regretting, perhaps, that in his previous despondency he had given up his business, or the practice of his profession, for which he now feels himself equal. A characteristic of this condition is a gloomy foreboding of poverty, without grounds, or extravagant grief carried beyond the ordinary bounds. If the patient be well guided, and if organic disease does not establish itself during the stage of debility, a reaction takes place, which establishes the health on a firm basis."

We shall take it as a favor if any of our readers who may have observed similar facts in this country will send us notes of illustrative cases, for publication in these pages.

### Feminism and Infantilism.

Dr. Lorrain, of Paris, has made some curious observations on the attributes of the temperament accompanying latent phthisis; and these attributes M. Lorrain designates by the terms *infantilism* and *feminism*. The condition of the hair and skin, the length of the eyelashes, the delicacy of the form, the habitual slenderness of the limbs, and the disappearance of the muscular masses amidst the surrounding cellular tissue —all these give an appearance of a woman to a young man who is the subject of this diathesis. The delay in development after puberty, the very youthful appearance, and in men the rarity and delicacy of hairs, with the slight virility in the general aspect; and in women, the long persistence of delicacy of feature, the slight prominence of form, etc.—all seem to prolong adolescence beyond its natural term. And it is in phthisical subjects that the age is so easily disguised, six, eight, or ten years less than the reality being attributed to them, while they are the last to become decrepid.

### Animals and Plants.

An English journal remarks that it is but a few years ago since the proposition that the foundation of certain parts of animals and plants alike was composed of the same or closely similar substance, known as protoplasm, was received, even by *savants*, in the angriest manner. Since that time we have had it demonstrated that the motion of such plants as the sensitive plant and others of the same kind is due to the contraction of a substance in many respects similar to muscle. Now we have before us the demonstration of the fact that some plants have the power of catching insects, of digesting them in a manner similar to that seen in animals, and of absorbing the matters thus digested.

### Blue Urine.

In a case recently described to the Société de Biologie, by M. A. Robin, a curious blue tint of urine corresponded to attacks of lumbar pain. The urine was scanty, not actually blue when passed, but on standing a sediment fell in which were many deep blue granules, distinct under the microscope, showing no trace of crystallization. The nuclei of cells of bladder epithelium were also stained blue. Urea and uric acid were lessened in amount. The blue substance was a little soluble in water, hardly soluble in alcohol or ether, insoluble in chloroform or alkalies, soluble in sulphuric acid, with a tint at first rose, then reddish-orange; soluble in hydrochloric acid, with a magnificent carmine color. It corresponds closely with the cyanourine of Braconnet, who believed it to be a transformation of uric acid, less oxidized than urea.

### Migraine, Chorea, and Rheumatism.

Dr. Hughlings Jackson has been struck by the intimate relation there seems to be between chorea, migraine, and rheumatism, a relation which, he believes, was pointed out by the late Dr. Anstie. It is seen in several ways. Patients who have chorea are found to be subject to severe paroxysmal headache, not often, however, preceded by ocular spectra. In several recent cases of unusually severe migraine, Dr. Hughlings Jackson has found that the families of the sufferers have been subject to rheumatic fever. In patients recently admitted into the London Hospital for rheumatic fever, a fair proportion have been subject to headache, but the facts gathered from the few patients as yet interrogated are vague and inconclusive.

During a period of rather more than a year, Mr. G. E. Herman worked with Dr. Hughlings Jackson on the clinical history of chorea. Notes

of seventy-six cases were taken. As regards headache, it appears that fifty-three of the patients suffered from paroxysmal headaches. In four, information about headache could not be, or was not, obtained. Out of the fifty-three headaches, thirty-one were constantly attended with nausea or vomiting. In fourteen there were ocular phenomena, temporary amblyopia or spectra. In eleven there was giddiness.

### A Photographic Wonder.

Dr. Ultzmann, teacher at the University of Vienna, lately read a paper before the Medical Society of Lower Austria, on the "Use of Photography in Medical Studies." *Inter alia*, he mentioned, on the authority of Dr. Vogel, that an eruption of small-pox had been made evident by photography twenty-four hours *before* it actually came out. Although no one could as yet observe anything on the skin of the patient, the negative plate showed stains on the face which perfectly resembled the variolous exanthem, and twenty-four hours afterward the eruption became clearly evident.

### Third Dentition.

In the Hospital for Incurables, Paris, an instance of third dentition took place in a nun aged ninety years. She had, on previous occasions, once when forty-seven and again when sixty-three years old, cut one new tooth.

## Correspondence.

### Abdominal Compression Again.

Ed. Med. and Surg. Reporter:—

Although sufficient has already been said through your journal, to call the attention of its readers to the great value of "abdominal compression," in severe uterine hemorrhage, yet permit me to urge its importance upon the profession.

My first resort to this was more than twenty-five years ago, in the city of Portland, Me., in the second labor of the wife of a conductor on the Grand Trunk Railway. In her first she came near dying, in an adjoining city, and having friends in Portland, came there for confinement.

Her labor was kind, and at its close she and her friends expressed great joy at her happy delivery. The placenta came readily, with the usual and desired amount of flow. The womb had well contracted, and the mother been bandaged and properly cared for.

The child was being dressed, and all apparently going well, when the sound of a "running stream" reached my ear. On glancing towards the bed, I saw a large current of blood pouring through it upon the floor, and the mother seemingly in the "jaws of death," pale and gasping, without having uttered a word, or drawn a sigh to attract attention.

Springing towards the bed, scarcely knowing how or what to do, for death appeared sure and speedy, the thought flashed through me that possibly the hemorrhage could be checked by "abdominal compression." I instantly threw my entire weight upon the abdominal aorta, and grasping it, held it firmly pressed against the spinal column, closing it as absolutely as though ligated. To my great joy the hemorrhage ceased; and, aided by stimulants, I had the satisfaction of seeing my patient "snatched from the grave."

Not to trespass too heavily, I will relate but one other case.

Mrs. J. W. B., a large woman, about forty-five, in her ninth pregnancy, the past winter had been suffering severely for some months, with great dyspnœa. I had frequently been called to see her, and the uterine distention was becoming so great I feared I would be compelled to rupture the membranes to save the patient's life.

When I had about determined that I must do this, her husband came, in great haste, to my office, saying, "My wife's water has broke, and she has had more than ten pailsful come from her." Remarking, "I guess she can breathe a little easier," I promised to wait upon her at once.

Arriving at her residence, a few blocks distant, I found the husband's assertion approximated the truth. The room looked as though a large tub, filled with dirty water, had been upset, and that tight boots would be necessary to keep dry feet.

I immediately made an examination, and found an elbow presenting. After trying a few moments to force it back and engage the head, without avail, I turned and delivered her of a large, but still-born boy.

When I attempted to remove the placenta, I found it adherent and much decayed. I do not remember that I ever met one more generally attached, or which gave me greater trouble in its removal. It had to be torn away, piece by piece, leaving ragged portions throughout the entire uterine extent. Hemorrhage was severe, and the patient passed rapidly into syncope, with every concomitant of immediate death.

Here was a case for "abdominal compression," and it was at once resorted to, and continued for hours with great vigor. The usual remedies and efforts were unabatingly applied; yet, in defiance of such relief, blood would gush forth, as from a hydrant, on the slightest abatement of force, and fainting, if an ounce additional was lost, even after the appearance of safety.

With the aid of assistants, I was enabled to continue "compression" until I could rally the powers of life. My patient is still with us,

well, although at the hazard of a terrible peritonitis, partially induced, possibly, by the force we were obliged to use and continue so long, superadded to the almost inevitable hysteritis.

Very truly yours, S. B. Chase, M. D.

*Osage, Iowa, Sept.* 1, 1875.

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### Stomatitis Materna.

Ed. Med. and Surg. Reporter:—

In answer to Dr. J. M. Carn, page 200, No. 966, of your journal, as well as with the hopes of calling attention to and securing further trials of the treatment, I submit my experience with what I suppose to be a new method for the management of cases of stomatitis materna. In July, 1874, I attended a Mrs. F., with her sixth child; labor rapid and easy. Her mouth had been sore three weeks; it had got gradually worse from the beginning. At the date of confinement it caused her much distress; nothing liquid or solid could be ingested without a good deal of pain, of the character incident to the disease. Besides the diffuse erythematous blush, covering nearly the entire mucous membrane of the mouth and throat, there were a number of ulcers of an apthous appearance. Her suffering was almost unremitting. I gave, internally, tr. ferri chloride and chloral potass. continuously, and used various washes. She got no better, but rather worse. I added hyposulphate soda to her internal treatment, and having exhausted nearly all the ordinary topical remedies, and tried some extraordinary ones, I felt that the necessity for a further "new departure" was urgent. The question of weaning was postponed, as the idea was repugnant to the mother, although her case was the most acute and aggravated I had ever seen, and I have probably seen about twenty-five cases. She was willing to make further efforts at cure, rather than take this alternative.

I called to see her one day, about four weeks after the treatment had begun, and found the last mouth wash was finished, and that at that moment she was almost unable to speak, and that her distress was even greater than usual. I had some subcarb. bismuth, in powder, in my pocket case; I gave her some on a spoon handle, requesting her to apply it to the painful and burning spots. This she did, and by the action of her tongue it was soon applied to the whole mucous membrane of her mouth. The relief was decided and prompt; in a few minutes her suffering was almost entirely relieved (for the time being); of course, it returned, but with its return she returned to the remedy, and continued to do so until she was cured, which was less than two weeks. In the meantime she continued the internal medication.

A second case, of a milder grade, so far as the mouth and throat were concerned, came under treatment in April last. This patient's mouth had been a little sore during the four previous months. She had become dyspeptic, and had frequent attacks of diarrhœa. There was considerable debility. After her child was born the sore mouth and the gastro-intestinal symptoms were aggravated. The only topical application in this case was the subcarb. bismuth. She took internally—

| | | |
|---|---|---|
| ℞. | Subcarb. bismuth, | gr.v–viij |
| | Pepsin, | gr.v |
| | Pancreatine, | iij. |

Sig. In a powder, three times a day.

Manifest improvement soon took place, and in less than two months she was able to suspend the treatment. Her child is still nursing, and she is enjoying fair health.

The use of the subcarbonate of bismuth was suggested to me, in my first case, by its happy effects in the early stage of burns. I am glad a favorable opportunity occurs to recommend it, and hope it will meet with sufficient confidence on the part of my professional brethren to secure it a faithful trial in this obstinate disease.

Respectfully, E. Griswold, M.D.,

*Sharon, Pa., September 7th.*

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### Paracentesis Abdominis.

Ed. Med. and Surg. Reporter:—

I was called to see James Wright, June 1st, 1874, aged 40, married, farmer, temperate habits, who had been suffering with ascites for nearly two years. Was very anæmic; no appetite; abdomen measured seventy-three inches in circumference. Prescribed hydrogogue cathartics, iron, rich diet, etc.

Saw him again June 10th. No improvement; some brain trouble. Proceeded at once to perform the operation of paracentesis abdominis. Took from him sixty-two pints of fluid. Continued iron; stopped cathartics, as they produced bloody evacuations.

Saw him again June 20th. Found the abdomen distended nearly as large as before. Operated the second time. Took from him forty-seven pints of fluid. After all the fluid had escaped I inserted an India-rubber tube, the length being the thickness of the abdominal wall, in the incision formed by passing silver sutures from side to side. I then corked the tube, and allowed it to remain for ten days, after which time I took the cork out, and allowed forty-three pints of water to escape. Replaced the cork, and allowed it to remain corked ten days more. After which I took the cork out and let forty-one pints escape. During this time the wound had healed, and there was no pain whatever in taking the cork out and letting the fluid escape. I continued iron and other rich tonics, rich diet, etc., and instructed him to let the water escape at his own option. Thus he continued to let the fluid escape for seven months; I requested him to measure the fluid each time, and at the end of seven months found that he had taken from himself one hundred and eight gallons of fluid. At this time I was summoned to see him in haste, but he was dead

before my arrival. His family informed me that he was taken very suddenly, and died with great brain trouble. Yours truly,

*Savoy, Texas.* JOHN R. BRIGGS, M.D.

## NEWS AND MISCELLANY.

### The Water Supply.

Dr. R. C. Kedzie, Lansing, Michigan, chairman of the Section on State Medicine and Public Hygiene of the American Medical Association, will be pleased to hear from any member on the following topics:—

1. Water supply as affected by geological formation, including the rock formations, influence of different kinds of soils, depth of water supply, etc.
2. Influence of rain-fall and of drought upon the purity of the water.
3. Contamination of water by decomposing vegetable matter (influence of swamps, etc.), by decomposing animal matter (fecal matter, influence of graveyards, etc.), and sewage contamination of streams.
4. Spread of contagious disease, by water contamination.
5. Water supply of cities.

In treating these topics, it is desirable that the members, as far as possible, collect the facts that are to be found in their respective fields of inquiry, with cases of unusual sickness or other results connected with the water supply. By thus bringing the attention of persons in all parts of our country to causes of danger which are at work in their own vicinity, much good may be accomplished, by removing the causes of a large amount of sickness.

### Items.

—A homœopathic ward has been established in the hospital on Randall's Island, New York.

—A disease resembling the epizooty has broken out among the cattle near Avon and Rhinebeck, N. Y., and many of them have died.

—Dr. Arlidge, one of the Inspectors of the Potteries in Staffordshire, England, has pointed out a number of evils from the excessive use of tea.

—A French chemist has discovered the elixir of life. It is sour buttermilk. The lactic acid in this dissolves the products of organic combustion, which, as ossification and calcareous degeneration, are the main agents in the death of the aged.

—A surplus fund collected for the relief of people impoverished by the cotton famine during the American civil war, has remained in the hands of the English relief committee until now, and the Vice Chancellor has approved a scheme to convert it into a "cotton district convalescent fund," for the establishment and maintenance of convalescent hospitals or homes for patients from the cotton districts.

—The American Pharmaceutical Society, in session at Boston, elected its officers September 8th, G. F. Markoe, of Boston, being chosen President, and John M. Maisch, of Philadelphia, Secretary. We shall have a full report of its proceedings in the next number.

—A most excellent charity in New York, this Summer, has been the Floating Hospitals for sick children. Many thousands of invalid children and their mothers have been given excursions in barges fitted up for their accommodation, and provided with food, medicine, and medical attendance.

—The *Reading* (Pa.) *Eagle*, a somewhat notorious paper in connection with ignorant and unfounded accusations, has taken a stand adverse to the medical law of the State. Its acquaintance with the subject may be judged from an editorial statement that regular medical societies "prohibit, under pain of expulsion, any of their members from giving any kind of medicine not recommended by their school of practice!"

—The vulgar superstition that a dead body, as of a person found drowned, ought not to be moved, or even decently treated, until the Coroner has sat upon it, is, fortunately, gradually fading away; yet in a recent case in New York, it was stated in the newspaper reports that, after the body was recovered from the water it was left for hours, and the policeman in charge refused permission to attempt to resuscitate the unfortunate victim, although there was a reasonable prospect that life might have been restored.

### QUERIES AND REPLIES.

*Medicus, Baltimore.—The Transmission of Life.* By Dr. Napheys.

*Dr. R. D., of Ohio.*—No monograph on Milk sickness has lately appeared. See the REPORTER, current vol., p. 160, under "Personal."

### MARRIAGES.

STEWART—HALL.—In Whitehall, August 24th, by Rev. John Lowery, D. A. Stewart, M. D., of Winona, Minnesota, and Minnie A. Hall.

### DEATHS.

DEWEY.—In Turin, August 20, 1875, at the residence of his brother-in-law, E. B. Holden, Dwight C. Dewey, M. D., of consumption, in his 51st year. A number of his ancestors were physicians. Having a successful practice, and being esteemed by his profession, he was recently offered the superintendency of a flourishing hospital.

GRUENING.—On Tuesday, August 31st, Bertha, only child of Dr. Emil Gruening and Rose Gruening, New Fridenberg, New York.

LONGSHORE.—At Hazleton, Luzerne Co., Pa., on Friday morning, September 3d, Dr. A. B. Longshore, in his 63d year.

STOKER.—On the 28th instant, Dr. W. H. Stoker, in the 37th year of his age.

WOLF.—In Polo, Illinois, August 30th, 1875, Dr. Martin L. Wolff, after an illness of seven weeks, caused by overwork.

THE

# MEDICAL AND SURGICAL REPORTER.

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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

### INEBRIETY—HOW TREATED AT THE ALBANY PENITENTIARY.

BY T. D. CROTHERS, M.D.

Of Albany, N. Y.

(Read before the American Association for the Cure of Inebriates.)

The first annual report of the managers of the New York State Inebriate Asylum contains this significant statement: "Since 1848 there have been received at the Albany penitentiary, under commitment, 24,590 persons, of whom 21,057 confess to habits of inebriety." Inquiry into the statistics of this institution reveals many additional suggestive facts, of great interest, though not particularly new.

The Albany penitentiary has been in existence twenty-seven years. Its reputation has become national, from its strict discipline and excellent financial management. Only one convict has ever escaped, and the earnings of the prisoners over all expenses have been $243,-901; an average of $9033 per year.

Ninety per cent. of the prisoners are sent here for a less time than one year, making the financial success of the institution more difficult and anomalous, compared with other institutions of the kind. The majority of prisoners confined here are from Albany city and county, with the exception of government prisoners, who are largely from the south. The statistics of last year indicate that of the 1614 persons committed, 1245 were charged with misdemeanors, including 693 sent for drunkenness and 221 for disorderly conduct following from inebriety. During the twenty-seven years of this institution, there have been 12,285 persons committed for drunkenness, and 4590 for disorderly conduct. Of the 24,590 committed since the institution was founded, 21,057 have confessed to being inebriates, probably because the offences with which they have been charged, and the facts of their history, made all denial useless. But of the number who claim to be temperate, a large proportion are found to be dipsomaniacs and chronic inebriates. According to the records of last year, 303 out of 1614 declared themselves temperate. Of this number, fifty-six were found to be dipsomaniacs, and over one hundred had a history of drunkenness, leaving only nine per cent. temperate. With these data, we have the startling fact that only 2213 temperate prisoners have been committed during the twenty-seven years, and that 22,377 inebriates have been received for punishment.

The most common phase of inebriety seen among the prisoners is delirium tremens. Three general classes have so far been noticed: Those who have all the premonitory symptoms of this affection; those who have a full development of the disease; and those who come here debilitated, and after a few days develop a well marked attack.

The first class includes the petty thieves and perpetrators of crime against public decency, who have been persistently drinking, eating little, and subject to much exposure. They are generally those whose drinking is controlled by their ability to purchase liquor. They have cowardly, low dispositions, and are so agitated after arrest, in fear of the law, that this, aggravated by the depression following an unpleas-

ant change of circumstances, merges into delirium.

The second class comprises those who, when inebriated, are wild and maniacal, or filled with delusions. They are committed for assault and graver crimes against persons, and not often for drunkenness. Frequently inebriety has existed for some time, and yet has not been recognized, because the more common and prominent symptoms were obscure. It is the opinion here that many of the worst crimes are committed by this class in these obscure paroxysms, where the reason and will co-ordination is more affected than the motory and sensitive system. Many of these cases are not recognized until the prisoner is sent to the jail or penitentiary; and here he will sign his name correctly, and walk firmly for a time, then give way to the most insane fancies and impulses. These symptoms are generally thought to be assumed, to mitigate punishment, hence not studied. Such cases are those of persons who have been drinking persistently for months, and, perhaps, have no occupation.

The third class comprises those who are committed for crimes against both person and property, of a minor nature. They are usually much debilitated by debauch, and seem to suffer from restraint and sensations of fear and alarm. A few days later they develop a full attack of delirium. Most of these cases are found to occur among inebriates of recent development.

These divisions of delirium tremens may be recognized, as a rule, in nearly all cases of criminal inebriates. An unusual exception is now under treatment, where the prisoner worked thirty-eight days after admission, in apparent health, and then broke out into a violent attack, accompanied with great prostration. It is thought here that the restraint of the surroundings, with fear, prevented the earlier development of the affection in this case.

In the medical treatment of delirium tremens, hydrate chloral heroically administered is found to be the most valuable of prescriptions. Nutritious food, bathing and saline drinks, are also resorted to freely. The first thing, after the delirium has in a measure subsided, is to get the patient employed; to occupy his mind. If he is in the hospital, and cannot leave it, he is employed sorting and covering books, or labeling packages. If he can go out, some work is given him which requires his undivided attention.

With the first symptoms of the return of the paroxysm, chloral is given, and after a rest of a few hours, work is enjoined again. The object sought is to break up the old chain of thought, and to infuse a sense of new responsibility and duties into the mind. Those who can be employed after the first day, are placed among the other prisoners, and kept steadily at work. The first class, after a day or more, are placed in the shoe or chair shops, and kept there, whether employed or not. The second class are treated with rest and quiet in the hospital for a few days, and then they are held strictly accountable for all violations of rules. The third class are placed under vigorous restraint at once.

This constitutes the general course of treatment. The result is that those employed recover rapidly, and but few cases are developed after the prisoners have come here. Those cases which remain in the hospital or cell until complete recovery takes place average from ten to twenty days longer than those treated by the plan last mentioned. Over twelve hundred cases of delirium tremens are noted on the records, with only forty-three deaths, showing how far this general plan has been successful. Within the last ten years the number of cases has fallen off over one-half, the reason assigned being that a better medical knowledge causes these persons to be sent to asylums before they reach the stage of crime and delirium.

It is the opinion here that the lowest criminals are rarely if ever attacked with delirium tremens; that this affection always implies a higher nervous organization than ordinary; also that some men have constitutions that will not manifest alcoholic disease by delirium tremens, but in coma and stupidity; and that the higher the grade of sensibility, the more delusive and delirious will be the manifestations of alcoholic excess. Not a single case of this affection has been noticed in the sixteen hundred colored men and women confined here, although they were, with few exceptions, inebriates.

Another form of inebriety commonly seen here is dipsomania or paroxysmal drinking. As a rule the victims are confined for petty crime, such as larceny, vagrancy, disorderly conduct and drunkenness. Often they are old offenders, having been the rounds of state prisons and penal institutions. Crime, with them, is always a means to gratify their pas-

sion for drinking. Their will power is partially destroyed, and they live a life of struggles and failures to reform. After commitment here, for a few days they develop paroxysms of moroseness and stubbornness, requiring vigorous restraint to manage. In a short time these spasms disappear, and they become cheerful and work steadily. In a few days or weeks they recur again, attended with loss of appetite, and sometimes mental disturbance, bordering on mania, or the victims are filled with delusions which cause fear and anger. If the prisoner is weak, a dose of chloral is given, and rest permitted; but, if not, decisive discipline, to the extent of placing him in a dungeon for a few hours, is found to have an excellent effect. After one or two attacks their paroxysms grow less violent and finally disappear altogether. Prompt punishment likewise has a wholesome effect on the minds of others in like condition. It happens that occasionally a number of dipsomaniacs are in one gang, and should one become intractable, and not be punished, the example would be contagious. No disorganization would follow, but very little work could be accomplished; but place one or more in the dungeon and no further trouble would be manifest. The atmosphere of restraint and discipline over minds long given to morbid passions and impulses seems to act like a tonic, and in a measure supply the place of their lost will power.

As a curative measure, prompt punishment is administered to all dipsomaniacs who show any disposition to violate the rules. The majority of dipsomaniacs are actually striving to reform, and welcome the aid of restraint as the only means by which they can recover. Those of this class who have been here before, and are about to be returned to some prison, urge that they may be sent here, as a favor, feeling that through this plan reform is possible. From twenty to forty come here every year, bringing their commitment papers, and want the restraint and protection which this place affords. A remarkable instance is that of a man of wealth, who has appeared three times in seven years, with his own commitment papers, under a fictitious name, and was locked up with other prisoners, serving respectively ninety, thirty, and sixty days, working hard, and going out each time with renewed courage and hope. Another case is that of a prominent member of the Albany bar, who is a dipsomaniac, and has been sent here for the benefit of this sharp military restraint. This man has tried other institutions or asylums, and is now committed here as a last resort.

It is the opinion of the superintendent and physician that a large proportion of the dipsomaniacs may be cured by extending their term of service to two or three years. In this time they would have contracted industrious habits, and the system would have become fortified against temptation.

Another class of inebriates that are very common are called chronic or habitual drunkards. They include nearly all the blacks, a large proportion of the women, and the older prisoners, consisting of those who drink always and upon every opportunity. They are broken down mentally and physically, and have but little moral force. They bear confinement, as a change of surroundings and work, not unpleasantly, and are indifferent about being returned to prison. They are seldom dipsomaniacs, or afflicted with delirium tremens, but seem to be the lowest grade of criminals as well as of physical and mental organizations. They require but little restraint, and are easily overawed by the surroundings. Frequently this class are afflicted with a low kind of nervous fever, which appears after admission, as the result of exposure and debauch. If the system is very much debilitated, phthisis comes on, and generally terminates fatally. Should they rally they continue to improve steadily during the period of confinement. This class fill up the almshouses and hospitals, and are the least hopeful of any. They are truly the parasites of society. The principle of treatment is extreme cleanliness and steady work. With proper management they are made to more than earn their living, and should be confined for life, where they could be producers always.

The women who have been confined here number over 6000, and are nearly all inebriates. The largest class seem to be habitual drunkards; some are dipsomaniacs, and occasionally cases of delirium tremens appear in the first stage. They are all more or less prostrated with various complications of disease, and have low forms of exhaustive fever for a few days after entering. If suffering from delirium tremens they require more careful nursing, and present a more aggravated type of symptoms, but with good treatment convalesce rapidly. They are easily depressed when, by any accident, their usual work is

stopped for a few days, obliging them to wait in the cells. At such times the inebriates are thrown into a nervous fever, with tremblings and exhaustion, and the return of the work restores them at once.

The feminine dipsomaniacs differ but little from the men, only that they require less restraint, and seem satisfied if they can have occupation of body and mind. In the management of inebriates among women, employment is of the first importance; and when the work of caning chairs or shoe-binding is interrupted, other business must be improvised, as confinement and idleness make restraint and management difficult.

It is observed that dipsomaniacs among women remain so, and seldom become habitual drunkards. The regularity and quiet of prison life is the nearest approach to a true home they have, and hence it is an excellent *regimen*, by which they recruit rapidly.

The blacks of both sexes confined here, numbering over 1600, have been inebriates, with few exceptions. The form of inebriety most frequently seen in them is dipsomania Some of them are very difficult to manage, and when the paroxysm comes on require sharp punishment in the dungeon. They forget readily and often require a renewal of the discipline when the paroxysm returns. They work well and seem to improve under exact military restraint, and also decline rapidly in the cells in idleness. As criminals and inebriates they appear to be victims of circumstances more than all others.

No record of reform among the negroes has been made in this institution. They seem to belong to the hopeless class, who, although in the early stages of crime or drunkenness, go precipitately downward, despite all efforts to rescue them. As before remarked, not a case of delirium tremens has been noticed among all those sent here. The nearest approach is a low, exhaustive fever, which is sometimes marked by transient tremblings of the extremities. They are frequently victims of phthisis, and have less vigor of constitution than white persons, to resist disease.

The class of prisoners sent here are generally of low, defective mental organism, without education, and over fifty per cent. are of foreign birth. From records lately begun among the inebriates, it is found that they suffer largely from inherited inebriety. Of this class an old writer has said: "They are bundles of vicious influences, transmitted and intensified, with no just perception of legal or moral rights." And yet such persons, when they recognize the power of restraint, obey with promptness and alacrity.

Many of the prisoners come and go year after year, with curious regularity, being each time committed for nearly the same offence. One old man has been sentenced thirty-four times for drunkenness and disorderly conduct. Another has been here nearly all the time for twelve years, serving out one short sentence after another. Others who are dipsomaniacs manage to keep here year after year, and allege that they dare not trust themselves away. This class are made to more than earn their living, and are kept at work without the building, on the grounds.

The mortality record is of interest, because it exhibits so many cases of phthisis, or consumption. Over four-fifths of all the deaths are from this disease. A large proportion of those who died from it were committed for drunkenness and disorderly conduct. This seems to be the particular disease which follows inebriety, and is noted for its sudden and rapid course.

Opium eating is occasionally seen among the prisoners, and is found in connection with dipsomaniacs of the better class. Two cases of unusual interest have occurred lately. Both victims were women, and were distinguished by a wild, uncontrollable mania, which could only be quieted by a grain or more of opium. This mania came on in paroxysms at intervals of three or four weeks, resisting all treatment except by this drug, and was not under the control of the patient's will. The women served out their time with no improvement, and eventually went to an insane asylum.

The superintendent and physician consider that inebriety brings out the baser qualities of character in every man, and discovers what his natural predilections may be. They also consider it to be a disease of both mental and physical powers, requiring moral and physical treatment. The basis of the treatment is to guide and control the weakened will power, and make it subservient to that of the physician or person in charge. Then the system can be strengthened, and recovery is possible.

The cases of permanent recovery and reform among the prisoners have been rapidly in-

creasing. The chaplain and superintendent are in constant receipt of letters from old prisoners, thanking them for favors, and reporting thorough reform and desire for a purer life. Many of the prisoners reside in the neighborhood, and their history can be readily followed up. These and other sources of information give reason for supposing that nearly ten per cent. of all the released prisoners are thoroughly reformed. Of these the inebriates comprise the largest class. In many instances confirmed drunkards have been cured, and have remained so up to the present day.

The managers of this institution seek to employ all its inmates and make them pay their expenses, and through this means develop at least habits of industry. Food, ample in variety and quality, is given; books and schooling are the reward of good conduct. A large hospital furnishes good nursing to the sick, and the utmost regularity, cleanliness and industry are enforced. Kindness and firmness, with strict accountability as to the literal fulfillment of every duty, characterize the institution.

The most common punishment is the dungeon, with ball and chain, and a bread and water diet. Inebriates are found to be particularly sensitive to this punishment. They seem to dread silence and darkness. A peculiar irritative depression seems to take sharp hold of the imagination.

Strong, stubborn criminals have been taken out of the dungeon bathed in the perspiration of fear. The dipsomaniac seems more affected by punishment than the habitual drunkard.

The paroxysms of the inebriate are readily overcome by the means indicated, and a hint that he will return to the dungeon often quiets a recurring attack. It acts as a powerful stimulus to the feeble will to rouse itself and control the diseased longings.

A summary of the most important facts, which seem confirmed by statistics and observation in this institution, may be given as follows:

1. Experience indicates that inebriates of all grades can be made producers, and to more than earn their cost of living.

2. Whether curable or not, in the full meaning of the word, they can all be reformed, benefited, and made industrious for a time; a positive gain to themselves and the world.

3. The diseased will and physical force of the inebriate must, for the best results, be guided and controlled by the normal reason of another.

4. As in other diseases where perfect obedience to the dicta of the physician is absolutely essential, so in inebriety, submission, restraint and faith must constitute the first elements of treatment.

5. The sharp discipline of prison life is particularly fitted to strengthen and develop the feeble impulses and to control the diseased longings, in which consists the beginning of true reform.

6. Labor of body and mind, in a moderate degree, is a powerful aid in breaking up the old channel of thoughts, and giving the mind new responsibilities.

7. The experience and success of this institution, among the worst and least hopeful of patients, founded on two principles, military discipline and occupation of body and mind, indicate the most hopeful promise of future results.

8. The hints embodied in these facts, if carried out practically in an asylum, would be a clearer literal answer than is usually given to the oft-repeated question, "Can you really cure a drunkard?"

## Medical Societies.

### PROCEEDINGS OF THE AMERICAN PHARMACEUTICAL ASSOCIATION.

The American Pharmaceutical Association held its twenty-third annual session at Boston, during the week ending September 11th. Representatives were present from all parts of the country, and from Canada, and a vast amount of practical work was accomplished, of interest to the medical profession, as well as to the pharmaceutist. The first session was held on Tuesday afternoon, September 7th, at Odd Fellows' Hall, in that city.

The officers of the Association were the following:- President, C. Lewis Diehl, of Louisville. Vice Presidents, Joseph Roberts, of Baltimore; Wm. T. Wenzell, of San Francisco; Augustus R. Bayley, of Cambridgeport, Mass. Treasurer, Charles A. Tufts, of Dover, N. H. Permanent Secretary, John M. Maisch, of Philadelphia. Reporter on Progress of Pharmacy, C. Lewis Diehl of Louisville. Local Secretary, Samuel A. D. Sheppard of Boston.

After the usual preliminary business, such as the appointment of a committee on credentials, etc., the president read his annual address. He alluded to the great number of scientific experimentalists who were at work, each apparently pursuing a different course, yet all meeting at last; to the contributions to science made by pharmacists; to the change which had taken

place during a few years past, by which the pharmaceutist is no longer dependent upon his own resources for his chemicals, but on commerce and recent improved chemical methods of preparation of drugs, and can now devote more time to the determination of the purity of his purchases. He called attention to those important remedies of modern employment, jaborandi, salicylic acid, and digitaline. He referred to the powerful diaphoretic and sialagogue properties of jaborándi, and to the difficulty of getting accurate chemical accounts of its composition. As it appears in the market, it consists of leaves resembling the common bay leaf, and when chewed, produces a strong flow of saliva. It has been found to contain a volatile oil and an alkaloid, the latter being the active principle.

There were three distinct periods in the history of digitaline and other derivatives of digitalis. By the late experiments of Kossman, it appears that, as digitaline exists in the drug, it is an uncrystallizable principle, freely soluble in water, and readily changed by the action of water, acids or alkalies; and consequently, as it is obtained from the dry drug, it is partly changed, being converted into a crystalline modification, insoluble in water. Both the crystallized and uncrystallized digitaline are active preparations.

Salicylic acid may now be obtained artificially. It differs from carbolic acid in containing two additional equivalents of carbonic acid, and the problem to be solved was, how to add those two equivalents of carbonic acid to carbolic acid. This was effected by heating carbolate of sodium, in a perfectly dusty and dry state, to a certain temperature, and passing carbonic acid through the mixture. It is then readily purified, and found to be identical with the salicylic acid obtained from wintergreen.

The address closed by recommending certain alterations in the constitution, and that a committee be formed, to whom the question of publishing papers should be referred, such committee to have power to refer an objectionable article back to the author, with suggestions for its modification, and that the committees on adulterations and sophistications, and on the drug market, be united.

The Committee on Credentials then reported the names of members present as representatives of the various pharmaceutical colleges and associations; and the Executive Committee suggested the names of more than a hundred candidates for membership, who were elected en masse.

Among these was Prof. S. P. Sharples, consulting chemist and State assayer, Boston, and a question was raised whether professor Sharples came within the definition of a teacher of chemistry specially interested in pharmacy. He was not connected with any college of pharmacy, but was Professor of chemistry in the Boston Dental College, and had been a teacher in the Lawrence Scientific School, and other educational institutions. The president deciding that he was constitutionally eligible, he was balloted for and elected.

A nominating committee to suggest the names of officers for the ensuing year was next appointed, as well as a committee on specimens, and one to consider and report upon the suggestions contained in the president's address.

The second session was held Wednesday morning, when the following names of officers for the ensuing year were reported, all of whom were elected:—President, Prof. George F. H. Markoe, of Boston. Vice Presidents, Fred. Hoffman, of New York; T. Roberts Baker, of Richmond; C. F. G. Meyer, of St. Louis. Treasurer, Charles A. Tufts, of Dover, N. H. Permanent Secretary, Prof. John M. Maisch, of Philadelphia. Reporter on Progress of Pharmacy, C. Lewis Diehl, of Louisville, Ky. Executive committee, George W. Kennedy, Pottsville, Pa.; Joseph L. Lemberger, Lebanon, Pa.; William M. McIntyre, Philadelphia; Charles A. Heinitsh, Lancaster, Pa; John M. Maisch, permanent secretary, *ex-officio*. Committee on Papers and Queries. William Saunders, Ontario, Can.; Emil Schaffer, Louisville, Ky.; James H. Taylor, New York. Business Committee, Jacob D. Wells. Cincinnati; Paul Balluff, New York city; William C. Bakes, Philadelphia.

The report of the Executive Committee stated that, having been instructed to publish a portrait of a distinguished deceased member in each volume, they had procured an engraving of the late Prof. William Procter, Jr., of Philadelphia, for that of 1847, and steps had been taken to embellish the next volume with a portrait of the late Prof. Edward Parrish. Since the organization of the society there had been a total membership of 1697; lost by death, 136; dropped for various causes, 477; resigned, 101, leaving a balance of 983. The total number of honorary members was thirty, of whom ten had died. The report then closed with brief obituary notices of the members who had deceased during the year.

After a short address of thanks for the honor of his election, the president elect took the chair. Prof. John M. Maisch, Permanent Secretary, then read his annual report.

This Association, he stated, had extended an invitation to the Fifth International Congress to meet in Philadelphia, in 1876, which was laid before that body at its meeting in St. Petersburg, but no decision had been arrived at, the selection of time and place of meeting being in the hands of the executive committee of that organization. The congress expressed itself, by resolution, in favor of meeting in London, England, and several speakers advocated an interval of five years before another meeting. After the adjournment of the international congress the members met and divided among themselves a draft of an international pharmacopœia, prepared by the Paris Pharmaceutical Society, and agreed upon the principles which should guide the review and completion of the draft. It was decided that evaporation in vacuo should not be directed in the preparation of extracts; that

the fluid extracts of the United States Pharmacopœia should be critically examined: and that the temperature for taking the specific gravity of all liquids should be uniformly 59° Fahrenheit. The critical review of the submitted draft would be completed by December, when it was to be multiplied and communicated to the various pharmaceutical societies. At the meeting in Louisville the Association decided to participate in this undertaking, and correspondence to that end was now in progress. A cordial invitation had been extended to the pharmacists of all nations to meet with the A. P. A. in 1876. The secretary recommended that the Association communicate directly with the various national and local societies of foreign countries upon this subject. The Philadelphia College of Pharmacy had invited the members of foreign societies to make the college building their headquarters, and proposed to engage proper persons to give needful and useful information to strangers. The secretary recommended that a committee of arrangements be appointed, with power to act at the Centennial exposition; pharmaceutical and allied products from all parts of the world would be exhibited, so that no exhibition by the Society was desirable. The secretary read a paper on American Pharmacy and its Relations to Public Health, before the American Public Health Association, in Philadelphia, in November, 1874, and had discussed therein the importance of pharmacy to the public welfare and health, the large amount of spurious and adulterated drugs and preparations formerly imported into this country, and the salutary effect of the drug law; also home adulterations, patent medicines, and measures to decrease their sale, and other questions of importance to the pharmacist and the public; urging particularly the necessity of the enactment of laws regulating and restricting the sale of drugs and medicines to properly educated pharmacists.

The Committee on Unofficinal Formulæ, whose duty it is to collect such formulæ for elixirs, extracts, etc., as are in use, but are not made officinal in the United States Pharmacopœia, made a report; the portion relating to elixirs was referred to the Committee on Elixirs. The Treasurer reported a balance of $873.16, and that the principal disbursement in 1874 was for the publication of the bulky volume of over 1000 pages of the Proceedings. 122 additional candidates for membership were elected.

A very important report was then read by Dr. A. W. Miller, of Philadelphia, on Adulterations and Sophistications. Advertisements had been inserted in the pharmaceutical journals requesting information of adulterations and sophistications of drugs, chemicals, and kindred articles. Some of the important adulterations had been brought to the notice of the pharmaceutical meetings of the Philadelphia College of Pharmacy, and in several instances their fraudulent character exposed and their further sale materially affected. Essential oils were largely and clumsily adulterated, although it was not always possible to prove this by chemical tests. A New Jersey distiller had frankly admitted that all the commercial oils of cedar, hemlock, and spruce, made by him and his acquaintances, were prepared by putting the branches of the respective trees into the still, with an amount of turpentine proportioned to the price they expected to realize; and prided himself on the superiority of these *distilled* oils over those made by mere admixture with turpentine. As the major portion of the more expensive oils are consumed by bakers, confectioners, soapmakers, and bottlers of mineral water, who have no means of testing them, the necessity of better means for protection, and for the punishment of the guilty, was apparent. The writer had, on two occasions, purchased cans of oil of lemon, one of which contained but seventy-five per cent. of oil, and the others scarcely thirty-three per cent. Adulterations were becoming common in Europe as well. A gentleman who had held responsible positions in the largest German houses had shown him a full line of receipts for mixing and cheapening the prominent oils, which he was anxious to compound in this country. He had also been informed by the representative of a French firm, in Grasse, that the cheap grades of lavender, rosemary, and red thyme, sent to this country by his firm and other manufacturers, contained, at least, seventy-five per cent. of turpentine. The report proceeded at great length to a description of the adulterations and sophistications which had been brought to the notice of the committee, both by direct communication and through the American and foreign scientific journals. A caddy of musk, weighing 19½ ounces, was proved, in an English court, to contain only 6½ ounces; honey, made by melting cane or other sugar in a decoction of slippery elm bark or a solution of gum and starch; linseed oil, adulterated with hemp, fish, rosin, and mineral oils; beeswax, consisting almost entirely of black earthy matter, neatly coated with handsome yellow wax, by repeatedly dipping it into the melted wax, and also adulterated with paraffine; castor oil, composed of lard and croton oils, etc.

After a dinner, given to the Association in the banquet room of the hall, by the pharmaceutists of Boston, the members proceeded to inspect, officially, the exhibition of specimens, druggists' sundries, etc., in the upper hall. The intrinsic value of the goods exhibited was said to largely exceed that of any previous session, and was, undoubtedly, as fine a display of pharmaceutical and allied products as has ever been seen in this country.

The Third Session opened in the afternoon, with an invitation to the medical faculty of Boston and vicinity to attend the meetings of the Association. Professor Maisch then presented the report of the Committee on Legislation.

There had been a question raised whether the Supreme Court of the United States would

sustain the pharmacy laws passed by the several States, or declare them unconstitutional. The Committee had taken legal advice, which was in favor of this constitutionality. The laws had been sustained in the lower courts. The pharmacy laws of the several States were generally carried out in a proper spirit; frequently more than twenty-five per cent. of the number examined were rejected. A pharmacy law had been passed in New Hampshire and in the Province of Quebec. In the Province of Ontario a bill was presented to the Legislature, but was withdrawn on account of the opposition of the medical profession. The matter of the stamp tax under the internal revenue laws of the United States, which had given much trouble to the pharmacists and druggists, had been satisfactorily settled by section twenty-two of the so-called "little tariff bill," providing that nothing contained in the internal revenue laws should be so construed as to authorize the imposition of any stamp tax upon any medicinal articles prepared by any manufacturing chemist, pharmacist or druggist, in accordance with a formula published in any standard dispensatory or pharmacopœia in common use by physicians and apothecaries, or in any pharmaceutical journal issued by any incorporated college of pharmacy, when such formula, and where found, shall be distinctly referred to on the printed label attached to such article, and no proprietary interest is claimed therein; and that no stamp should be required when the formula of any medicinal preparation was printed on the label attached to such article, and no proprietorship was claimed. These requirements, although a departure from the custom hitherto followed, would entail no hardship upon the pharmacist and druggist, and would enable him to keep on hand, ready for delivery, any legitimate medicine, without being ranked with the manufacturer of patent medicines.

The Committee on the Ebert prize reported that they had awarded it to Charles L. Mitchell, of Philadelphia, for an essay on "The Active Principles of the Officinal Veratrums."

The report of the Committee on Elixirs was read by Mr. William McIntyre, of Philadelphia. They were of opinion that such a nomenclature should be adhered to as would express the remedial composition of the preparation, and thus make available such as possessed therapeutic merit. A uniform simple elixir for general purposes would meet all ordinary requirements, and serve as a guide by which the physician might determine what suited the taste of his patient. The tendency of the pharmacopœia was to present simple preparations, more thoroughly representing the drugs from which they were prepared. More attention was demanded, therefore, in the construction of extemporaneous formulæ, and a thorough knowedge of the various spirits, syrups and aromatic waters would give a wide field for the choice of auxiliaries, correctives and vehicles. This information acquired, the preparation of mixtures which would conform to the standard alcoholic strength of elixirs, and yet be possessed of medical virtue from chemicals and galenical preparations, would become an easy task. The report then presented a revised list of formulæ, containing some alterations of those in use.

After much discussion for and against the adoption of these formulæ, Mr. Baker said that he had always made the point of interesting physicians in the matter a speciality. It was for that reason that the Washington College coöperated with the Medical Association of the District of Columbia. Formulæ might be adopted by the million, but unless physicians prescribed them, they would be only waste paper.

Mr. Maisch, of Philadelphia, said that at the Richmond meeting the secretary was directed to communicate the formulæ then adopted to the medical associations of the country. That had been done, but few replies were received. The formulæ were then adopted.

The propriety of publishing papers in the pharmaceutical and medical journals, previous to their publication in the volume of the Association, being under discussion, the following resolutions were adopted:—

*Resolved*, That the various pharmaceutical and medical journals are cordially invited to publish whatever notes they may desire to make of our proceedings and of the scientific papers which are read before our meetings.

*Resolved*, That when authors of scientific papers have prepared copies or abstracts of their essays previous to the meeting of the Association, they shall be at liberty to distribute such copies or abstracts at any time subsequent to the official reading of their respective papers, provided that the paper is always headed, in publication, by the statement that it has been read at our meeting.

After the presentation of a report of a committee on the subscription of pharmaceutists to a memorial to Liebig, Mr. Sanders, of Ontario, read a paper, by Professor Joseph K. Remington, of Philadelphia, on "The Ready-made Pills of Our Day," showing, by careful experiments, that a plain uncoated pill was to be preferred, in point of solubility; next in order, the sugar-coated, the compressed, and the gelatine-coated pill. Mr. B. F. Stacey, of Massachusetts, read an essay on Paraffine and its Modes of Manufacture and Employment, and Professor Babcock referred to its utility as a substitute for wax in instruments, and to a mixture of paraffine and wax, and lard oil, which, under the name of oleo-paraffine, had been used as a substitute for lard. Mr. Joseph Lemburger, of Lebanon, Pennsylvania, in an essay on paraffine oil, referred to its use for producing a permanent base for ointments.

Mr. T. R. Baker, of Richmond, Virginia, presented an extract from the minutes of the Pharmaceutical Association of that city, Nov. 20, 1874, embracing a series of resolutions to be presented to the Richmond Academy of Medicine, urging the importance of writing prescriptions in a legible hand, without erasures

or interlineations; of using technical language, and abbreviations of the Pharmacopœia and the U. S. Dispensatory; of writing directions for use and dose as a guide to the dispenser in case of error in quantity of any active ingredient: that when an unusual dose or quantity of an active and potent medicine is prescribed the prescriber should affix a caution mark or sign, to inform the dispenser that he is aware that the dose is unusual; that the words "not renewable" should be written on prescriptions which they did not desire to be renewed: also the importance of using every possible means to stop the sale of opium, morphia and chloral, except upon competent medical authority. He requested, in behalf of his delegation, that these resolutions be referred to a committee to report upon them during the present meeting. A communication upon similar subjects was also received from the delegation from the Philadelphia College of Pharmacy.

The Fourth Session was held Thursday morning, and was mainly devoted to essays and answers to queries propounded last year. An essay by Andrew Blair, of Philadelphia, was read, on the Various Forms of Drug Mills; after which, Dr. A. W. Miller, of Philadelphia, referred to the uses of Mezquite gum in Pharmacy, and as a substitute for gum arabic.

The report of the Committee on Maximum Doses was presented by Dr. W. H. Pile, of Philadelphia. The committee reported that, in view of the wide difference in the statements of different authorities in regard to the quantities of potent remedies which could safely be administered, they had come to the conclusion that an arbitrary list of maximum doses made from such conflicting authorities would be of no practical utility. They, therefore, suggested that a committee be appointed to confer with the American Medical Association on the subject of maximum doses, as well as the proper signs to be adopted to designate the correctness of larger doses when intended by the physician, as an understanding might thus be arrived at which would prove of practical value to the physician as well as the pharmacist. The report was accepted and the recommendation adopted.

Mr. C. Lewis Diehl then presented an even more elaborate report on the Progress of Pharmacy than that offered by him last year, which then filled more than 300 pages in the volume of Proceedings.

The report was divided into five sections: pharmacy, under which head were comprised the various pharmaceutical papers; materia medica, which gave the results obtained during the year in the history of crude drugs and their botanical characters; inorganic chemistry, giving the results of investigations of inorganic substances; organic chemistry, giving the results of investigations upon the crude vegetable drugs during the year, with the progress in general organic chemistry.

Quite a number of papers were then presented, relating to phosphorus, and phosphoric and hydrobromic acids. These were exceedingly interesting, but cannot now be fully detailed here. Mr. T. R. Baker, of Richmond, Va., in an essay on chloral hydrate, confirmed previous experiments by other observers, to prove that it possessed powerful antiseptic properties, and could be used to preserve anatomical preparations much better than any of the liquids heretofore used for that purpose.

The Fifth Session was held at 3 P. M. Essays were read on Suppository Moulds; on Tasteless Iron Combinations; on the Use of too Strong Alcohol as a Cause of Precipitation in the Preparation of Spiritus Ammoniæ Aromaticus (U. S. P.); on the Manufacture of Iodoform; on the Propriety of Substituting an Officinal Liquor Chloroformi Comp. for uncertain Chlorodized Nostrums; on Matico; on Insect Infestations in Rhubarb; on Pancreatin, which, it was stated, as the result of experiment, was destroyed when taken into the stomach, and could, therefore, have neither physiological nor therapeutic effect; on Explosive Mixtures of Carbolic and Nitric Acid, etc. It was stated, by Dr. Jos. Roberts, of Baltimore, in regard to the purity of hydrate of chloral, that all chloral, from whatever source, contained some uncombined chlorine, and would afford a precipitate of nitrate of silver, though the amount of precipitate was very slight. When tested for the amount of chloroform, the practical yield came very nearly to the theoretical amounts which should be present. He suggested that hydrate of sodium yielded a better result than hydrate of calcium, for the purpose of separating the chloroform. Formic acid was the most injurious contamination likely to be found, and was best tested by the amounts of alkali necessary to neutralize it, which could be determined by the ordinary process of volumetric analysis.

Professor Maisch spoke of the immense traffic in patent medicines. The association professed to be opposed to the sale of these medicines. The efforts of pharmacists in this direction would amount to nothing so long as patent medicines were called for by the public. The question had been agitated what was the best means of informing the public of the dangerous nature of many of these nostrums. Dr. Frederick Hoffman, of New York, had suggested the publication of a health almanac, similar to those issued by the proprietors of patent medicines, which should contain analyses of such preparations. Circulars had been prepared upon this subject.

Mr. Bullock, of Philadelphia, read an elaborate and valuable paper, which was cordially received, "on the preparation of the various bromides of the organic and inorganic bases used in American pharmacy." The writer gave formulæ for the preparation of the various bromides and hydro-bromates.

Essays were also presented on Scammony; on the Calabar Bean, giving formulæ for making tinctures, solid and fluid extracts, calabarized paper and calabarized gelatin; on Analyses of Commercial Citrate of Iron and Quinia for

the Quinia Strength; on the Solubility of Sulphate of Morphia, etc.

At the Sixth Session, on Friday morning, Professor Sharples offered a resolution, which was adopted, that a committee of three be appointed to report upon the subject of metric weights and measures. He stated that a similar resolution had been passed by most of the scientific bodies in the country. No profession was more deeply interested in the subject than the pharmaceutical, which had to deal with two varying systems of measures, mixing by one and selling by the other. The process of converting one measure into the other was very difficult, and not generally understood. All the trouble arising from this source would be obviated by the adoption of the metric system.

Professor Bedford, of New York, read papers on impurities in ether and on commercial bicarbonate of sodium. Volunteer papers were also read on methods of packing herbs, and on cod-liver oil; and Mr. Sanders, of Ontario, presented one by Professor Remington, of Philadelphia, on a new method of administering medicines. It consisted simply of a couple of discs prepared from a flour paste; the medicinal material is placed between the discs, which are then placed in a spoonful of water, and as soon as it becomes moistened can readily be swallowed without experiencing any taste of the medicinal ingredient.

Professor Babcock suggested a new method of preparing iodide of arsenic, more desirable than that given in the United States Pharmacopœia. Papers were read on grindelia robusta as a specific for the poison of poison oak, and a valuable remedy for asthma; on objections to the Pharmacopœia method of making spiritus ammoniæ; and on the preservation of diluted hydrocyanic acid, by distilling the acid and alcohol together. Mr. Sanders showed that elastic vulcanizable gum could be produced from the common milkweed—asclepias cornuti—by the action of fermentation on the finely-powdered weed. A number of other papers of value were read by title merely, and referred for publication.

An interesting discussion now ensued on the following resolution, adopted on the previous evening, at a conference of representatives of teaching schools of pharmacy.

"*Resolved*, That this conference communicate to the American Pharmaceutical Association that they are in possession of documentary evidence that the Tennessee College of Pharmacy has offered, through its treasurer and acting secretary, to examine candidates and graduate them without their attending the customary courses, just the same as if they had attended al the lectures."

The documentary evidence was read, consisting of a letter from Mr. B S. Lillard, which was substantially the offer contained in the above resolution.

Prof. Bedford, of New York, offered a resolution, which was adopted, that a committee of three be appointed to communicate with the Tennessee College of Pharmacy, and inquire whether such action was authorized by the college, or was undertaken on the individual responsibility of Mr. Lillard.

Mr. Lillard seconded the motion, and explained the action of the Tennessee College. The latter college conferred upon its graduates the degree of Doctor of Pharmacy. The other colleges conferred the degree of Graduate in Pharmacy. Persons who were already graduates of other colleges had applied to the Tennessee College for its degree, preferring the title of doctor. It was customary for colleges to recognize attendance upon courses of instruction in other colleges, and it was the intention of the Tennessee College, and the meaning of the letter which had been read, to signify a willingness to confer the degree of doctor upon graduates of other institutions, without requiring attendance upon all lectures. The degree would not be conferred without examination. He defended the action of the college, and courted the fullest investigation.

Professor Babcock thought the Association had nothing to do with the matter, and moved its indefinite postponement, which was lost.

Mr. Bullock, of Philadelphia, maintained that the matter was properly before the Association, and was of serious importance to the pharmacists of the country and to the public. He thought it could not be acted upon intelligently without further evidence, and supported Professor Bedford's motion.

After resolutions of thanks for courteous attention lavishly bestowed by the people of Boston, and the usual final business, including the appointment of Dr. A. W. Miller, of Philadelphia, as Local Secretary, the Association adjourned to meet in Philadelphia on the second Tuesday of September, 1876.

### The Frontier Doctor.

Few physicians appreciate the toils of professional life on the frontier. A correspondent of an exchange, traveling through the Indian Territory, thus describes one he met on his journey:—A day's ride beyond the settlements, half way between Brownwood and the Colorado, we met a frontier M. D. We knew his profession from his Æsculapian air; he rode a horse of speed and strength, that shied around us with watchful eyes, distended nostrils, and ears apitch. A rifle hung at the saddle, and the doctor merely glanced at us. So far from home, any sort of a recognition would have given comfort. We would have bowed profoundly to a pharmaceutical nod of the head, but he rode on, solitary and unsocial, with sealed lips, and as erect as a Cossack. We had the curiosity, subsequently, to ask, and learned that the call was fifty miles distant, through an Indian country, involving a hundred mile ride, not an unfrequent occurrence. The M. D.'s bill, our informant told us, would not exceed fifty dollars. If true, we know not which most to admire, the moderation of the charge, or the courage of the rider.

# EDITORIAL DEPARTMENT.

## PERISCOPE.

**Abstracts of the More Important Papers Read Before the British Medical Association.**

*On the Modern Treatment of the Advanced Stages of Constitutional Syphilis.* By William Acton, M. R. C. S. Eng., London.—The author spoke of the ravages produced in syphilitic patients in the time when it was the custom to administer mercury in excess, and to the reaction against this practice in the form of the so-called expectant treatment. He then gave an exposition of Ricord's views on the treatment of syphilis; and enunciated the following laws as those which should guide the practitioner in the management of the disease:—1, That mercury is most successful in the treatment of secondary symptoms; 2, that iodide of potassium is to be principally depended on in tertiary symptoms; 3, that a mixed treatment is applicable in cases of advanced constitutional syphilis. In conclusion, he made some remarks on the necessity of preventing syphilis, and described the result of observations which he had made on prostitution in Edinburgh, where he found the evil to prevail to an excessive extent.

*On the Treatment of Strumous Enlargements of the Glands by Hypodermic Injections.* By Morell Mackenzie, M. D., London.—The author commenced by stating that his paper had reference principally to disease of the cervical glands, for it was in that situation that it was most important to get rid of the enlargement without disfigurement. Practitioners had always found great difficulties in dealing with these cases, as treatment often exaggerated the deformity. The author stated that, as the result of his experiments with many different solutions, he had found the dilute acetic acid the most valuable remedy. As a rule, he injected once a week; but where several glands were affected, the injections could be made more frequently. It was desirable, if possible, to cure by absorption; but sometimes suppuration could not be prevented. In these cases, the pus should be drawn off by a fine aspirator. Suppuration was apt to be followed by thickening of the walls or outer portion of the glands. In these cases the oleate of mercury (ten per cent.) was most valuable. The author then proceeded to quote in detail some of the thirty-six cases which he had treated with acetic acid. He concluded by stating that he did not believe that the cure of these cases rendered the patient more liable to phthisis. He had seen many cases of phthisis develop where glandular enlargements had existed untreated; but he knew of none where pulmonary disease had followed the cure of such cases. On the other hand, he thought that phthisis was more likely to follow the spontaneous breaking down of glandular tissue.

*Conservative Aural Surgery.* By James P. Cassells, M. D., Glasgow.—Defining aural surgery as surgical common sense rightly applied, Dr. Cassells insisted that, inasmuch as all intelligent surgery was conservative in its aims, aural surgery was so likewise, because aural surgery was simply general surgery, *plus* special knowledge. But this claim did not rest on inference alone; for it was capable of proof that aural surgery possessed this principle, and that it did not exist as a scientific pursuit if it lacked it. While he admitted that the principle did not always arrest the passing attention in general surgery, it was otherwise in the surgical treatment of the diseases of the organs of special sense, because normal function in them depended upon the complete integrity of their tissues. Apart from this, however, there were special reasons why aural surgery was pre-eminently conservative; these were: 1. Diseases of the ear did not tend of themselves to natural cure, but to become progressively worse, and more serious in their consequences; 2 Of these diseases, only those were preventable and curable that admitted of surgical treatment. These conclusions were the outcome of his own experience and observation. Regarding the congestive diseases of the ear as those in which surgical treatment was demanded, he considered them the only ones in which the conservative principle was applicable, and that early incision of congested tissue was the foundation of conservative aural surgery. Accepting exanthemal catarrh of the tympanum and its appendages as typical of these congestive affections of the organ, he sketched its natural history, and pointed out the two stages in its progress in which aural surgery, as a preventive and preservative method of treatment, was specially indicated; urging its adoption upon the attention of those present, on the grounds that this disease, in its initial stage, was capable of being arrested, and that, in its later stages, its ravages were limitable by the proceeding which he recommended to their notice. While he directed attention specially to this disease as the one in which aural surgery, as a conservative measure, was applicable, he desired to say that its application was not confined to it, but was called for in all the congestive affections of the external ear as well, out of which many serious complications arose. He then referred to paracentesis of the membrana tympani as the operation representative of conservative aural surgery, because this principle was first noticed in connection with the treatment of the disease, the history of which he had sketched, by the operation which he had just named, and which he now recommended to the profession, with

certain modifications, based upon and suggested by a more perfect pathological and clinical knowledge. He then glanced at the history of the operation, which was, indeed, the history of the origin of the principle of conservatism in this department of medical science; and concluded by saying that the aims of aural surgery, whether exhibited in simple incision of congested tissue, or in the more pretentious operation of paracentesis of the membrana tympani, were to prevent and to preserve, and that it was misapplied if employed for any other object.

*New Operation for Ununited Fractures.* By Matthew Hill, F. R. C. S., and M. R. C. P. Ed., Bootle, Liverpool.—The operation devised by Mr. Hill for the cure of ununited fractures consists, like Dieffenbach's, in driving ivory pegs into the fragment, but is different in all other respects. The old operation entails a large wound in the soft parts and exposure of the bone; in short, renders the fracture "compound;" in the new operation this is avoided, the pegging being done subcutaneously. The necessary tools are an Archimedean-screw drill-stock, with two or three drills, and ivory stilettes about four or five inches long. The drill and stilettes are similarly graduated in half inches, and the ivory is, moreover, grooved like a director, in order to facilitate its introduction alongside the drill, and afterwards to allow the escape of inflammatory fluids, which might otherwise be pent up in the bony fragments. The *modus operandi* consists in entering the drill through a puncture made by a tenotome; the boring of the bone is next proceeded with, the graduations enabling the operator to calculate his depth to a nicety. The ivory stilette is now filed transversely half way through, at a distance from the point corresponding to the depth of the hole in the bone; it is next slid down beside the drill, which is then withdrawn, the stilette slipped into its place, lightly hammered, and with a sharp twist broken off at the notch, flush with the surface of the bone. The remainder of the ivory is now withdrawn, and the puncture sealed with a strip of plaster. It is obvious that as many pegs may be introduced in this manner as is thought desirable; in the author's case three were introduced without causing any subsequent mischief or the formation of abscess. The punctures healed kindly, and by the "first intention."

*The Surgical Treatment of Lymphatic Tumors of the Neck.* By S. Messenger Bradley, F. R.C.S., Manchester.—Mr. Bradley limited his paper to the consideration of certain nuchal lymphatic tumors, which he divided into three classes; 1. True hypertrophies, with or without a strumous diathesis, and showing no tendency to break down or undergo pathological change; 2. Strumous hypertrophies, consisting of cellular hyperplasia *plus* caseous deposit, which, after a time, soften either in patches or entirely, until the gland becomes a mass of soft strumous matter; and 3. Hard, non-infectious lymphomata. Mr. Bradley said that, as a rule, these cases were lumped together and treated generally, indiscriminately and unsatisfactorily by the local application of iodine and the internal administration of cod-liver oil, etc. It was his wish to substitute an arm of precision for this hit or miss method; and, from an extensive trial, he was able to say that, by a proper selection of cases, this could be done. For several months he had injected the harder lymphatic tumors with a few drops of tincture of iodine, with the almost invariable result of causing a rapid diminution, going on to complete absorption of the gland. He had even succeeded in producing absorption of some encapsuled tumors situated on the salivary glands by this means, but confined himself at present to recommending this mode of treatment in hypertrophies of the lymphatic glands. As a rule, two or three injections of from five to fifteen minims of the simple (P. B.) tincture of iodine, was sufficient to effect a cure. No other treatment was necessary. This plan had the advantage of being comparatively painless, safe, and speedy. It was not applicable to all lymphatic tumors, and, if used indiscriminately, would fall into disfavor and desuetude. To avoid this, he laid down the following rules for the surgical treatment of these nuchal tumors:—1. *Cases to be treated by Injection of Iodine: a.* True hypertrophies of cervical glands without scrofula; *b.* Strumous hypertrophies of cervical glands before they have broken down; *c.* Hard (non-infectious) lymphomata; *d.* All encapsulated tumors, as a tentative operation. 2. *Cases to be treated by Incision:* Lymphatic tumors that have, either with or without previous injection of iodine, broken down into pus. 3. *Cases of Cervical Tumors to be treated by Extirpation with the Knife: a.* Strumous glands which form tumors riddled with soft patches, and resting on a base of suppurating cellular tissue, with a large area of blue skin; *b.* Encapsuled tumors which have resisted the treatment by injection.

*Tobacco and its Effects on the Health of Males.* By Charles R Drysdale, M.D., London.—The author said that the result of a paper by him read at Norwich had shown that, although very many—far too many, he thought—eminent physicians and surgeons made use of tobacco, yet none could be found bold enough to say that the practice of smoking, chewing or snuffing was consistent with health. The population of the British isles used some fourteen millions sterling yearly in the purchase of tobacco, pipes, etc. Nevertheless, there had always been able medical objectors to the *sainte herbe.* The alkaloids contained in tobacco, or in tobacco-smoke, were very poisonous; and, when smoke was taken into the mouth, a portion of such alkaloids, dissolved in the saliva, entered the circulation readily enough. Smoke breathed in small rooms, or railway carriages, also poisoned to a certain extent all who inhaled it, whether smoking or not. The first

cigar or pipe showed the effects of *acute* tobacco poisoning, producing nausea, vomiting, hiccough, dyspnœa, prostration, coldness of the extremities, cold sweats, and intermittent pulse. *Chronic* poisoning by tobacco, the ordinary disease seen in practice, was tested by Blaton, who administered two or three grains of tobacco daily to dogs with their food. The animals lost appetite, had diarrhœa, swelled gums, loosening of teeth, irregular action of the heart, paralysis of the hind legs, blindness, and deafness. Black teeth and spongy gums, with fetor of breath, were common in smokers. An affection of the tongue and epithelioma of the lips was common enough in smokers. Tobacco amaurosis was too well established to be denied; and Mr. Critchett alleged that the wealthier young men of this day very frequently injure their sight grievously by their great smoking. Palpitation of the heart was common among smokers and chewers, as well as paleness, and occasionally intermittent pulse. Decrepitude came far too quickly upon great smokers; and Dr. Drysdale attributed, in some cases, the occurrence of rickety children to the use of tobacco by the male parent. Brodie said of tobacco, that it tended to make the race degenerate. Sir William Jenner said smoking tended to produce palpitation, prolapse of the rectum, and impotence. Miller and Jolly alleged that chronic tobacco-poisoning caused palsy and insanity. Bertillon had shown that smoking was most injurious to the functions of the brain in youth. Kostral showed how many diseases are produced by tobacco in the Austrian State Factory. Fortunately, said Dr. Drysdale, our European women do not smoke. They prefer good breath and clean teeth to fetor and black stumps, and do not like to become dreamy, nonchalant, and fractious, like the chronic votaries of the pipe or cigar.

*The Digestive Principle of Insectivorous Plants.* By Lawson Tait, F. R. C. S. Ed., Birmingham.—Mr. Tait communicated the results of certain experiments he had made, for the purpose of separating the digestive principle or ferment on which the remarkable power possessed by certain plants, as pointed out in Mr. Darwin's recent interesting work, is dependent. Mr. Tait showed that it was possible to separate this principle from the plant, for experimental purposes. As to the precise method of its action, he was still engaged in inquiry; but, so far as his researches had gone, he was able to confirm the view taken by Darwin, that the chemical processes concerned in animal and plant digestion were identical.

*The Effects of Certain Drugs upon the Intracranial Circulation.* By J. M. Fothergill, M. D., London.—Dr. Fothergill stated that, in producing effects upon the intracranial vascularity, there were two factors: (1.) a direct effect upon the circulatory system; and (2.) an effect upon the cerebral cells, by which they attracted more blood, or less blood to themselves. These factors existed in varying proportions in different drugs; and according to the exigencies of each case, one or other agent should be chosen, as opium in cases of insomnia from pain; chloral-hydrate, rather, when the sleeplessness takes its origin in a high blood pressure. Whether the agent administered depresses or stimulates the nerve-centres, its action can usually be intensified by giving it along with drugs which act directly upon the circulation, as opium with antimony, and quinine, which affects the encephalic blood-vessels, with digitalis, which raises the blood-pressure generally.

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### On General and Local Fatigue.

Dr. G. V. Poore says, in the *Lancet*:—

We recognize the fact that athletes who "over-train" run risks of cardiac troubles and loss of wind; that the man who, from any cause, is unable to sleep, runs a serious risk of permanent impairment of health; and when we find patients pursuing their avocations too zealously we know that if such offence against the laws of nature be persisted in, general paralysis or other form of "break-down" is likely to be the result.

Fatigue may be general or local, and both forms may be either acute or chronic.

That fatigue in all its forms is due to impaired nutrition there can be little doubt, and we shall find that the symptoms of chronic fatigue are often the prelude of definite and recognizable degenerative changes.

As to general fatigue, it is recognizable with ease, both in its acute and chronic forms. There is a disability for performing either mental or physical work, and this disability is noticed first in work requiring attention and sustained effort, and, lastly, in those acts which have become automatic. The symptoms of general fatigue are referable usually to the brain and nervous system.

As to local fatigue, this, again, may be acute or chronic, and the symptoms of it are referable usually to the muscles; but we must always bear in mind that muscle and motor-nerve are one and indivisible, and that recent experiments have given great probability to the idea that every muscle is connected with a certain definite spot in the brain. When, therefore, we speak of a sense of fatigue we must necessarily be in doubt, notwithstanding the fact that the symptoms are referred to the muscle, whether brain, nerve, or muscle, one or all of them, be really at fault. The symptoms of acute local fatigue are (1.) loss of power to a greater or less extent. By too frequent or too prolonged stimulation, the irritability of muscular tissue becomes exhausted, and it either refuses to respond or responds but feebly to the stimulus of the will; our power of adjusting the force of contraction to the act to be accomplished is lessened, and accuracy of movement and delicacy of co-ordination become impossible. (2.) Tremor is a symptom of acute local fatigue, which every one who has been called upon for extraordinary muscular effort must have ex

perienced. (3.) Cramp-like contraction is the symptom of local fatigue which disturbs our rest after a hard day's walking or riding, or muscular efforts in the ball-room or elsewhere. (4.) The pain of fatigue is familiar to most of us, and is readily distinguishable from other forms of pain.

## Reviews and Book Notices.

### NOTES ON CURRENT MEDICAL LITERATURE.

——The following monographs have been republished in separate form :—

"The Mucous Membrane of the Uterus, with Special Reference to the Development and Structure of the Deciduæ." By George J. Engelman, M. D. With fourteen illustrations. Cloth, pp. 65.

"Alimentation and the Gastro-intestinal Diseases of Infants and Young Children." By B. F. Dawson, M. D. Paper. pp. 22. Both are reprints from the American *Journal of Obstetrics*, and may be had of W. Wood & Co., New York.

"A Paper giving the Result of One Hundred Operations for Catarrh." By Dr. Eugene Smith, of Detroit, Michigan. A reprint from the State Society's Transactions. May be obtained from the author.

——It will interest American medical men to know that the Code of Ethics of the American Medical Association has been unanimously adopted by the Medical Society of Munich, and translated for the benefit of members. Its German dress bears the title, Der Aertzliche Stand und das Publicum. Eine Darlegung der beiderseitigen und gegenseitigen Pflichten. Jos. Ant. Finsterlin in München. 30 Pfennige.

The example here set in Bavaria will, we have little doubt, be followed elsewhere in Germany, and the Code become the norm of professional relations everywhere.

——"Curling on The Testis," has been translated into Chinese, by Dr. Manson, of Amoy.

### BOOK NOTICES.

**Transactions of the Medical Association of the State of Alabama.** Twenty-eighth Session, 1875. Cloth, pp. 359. Montgomery, Ala.

This volume bears, not only in its size, but still more in its contents, most gratifying testimony to the scientific activity of the medical profession of Alabama. The papers it contains are carefully prepared, and their subjects show that the writers see our science from its utilitarian and immediately beneficent aspect, which is that suitable for the practical worker in it. Such subjects are Tuberculosis and Scrofulosis, discussed by Dr. E. P. Gaines, of Mobile; Nystagmus, by Dr. J. S. Bankson; Malaria, by Dr. B. H. Riggs, of Selma; and Diphtheria, by Drs. C. Cochran and E. P. Gaines. An article of extensive research is that by Dr. W. D. Bizzell, on the Climate of the United States considered with reference to Consumption and Pneumonia. He winds up with the observation which we re-echo :—

"If physicians would give the subject of climate the attention its importance deserves, the number of persons benefited at our health resorts would be far greater." The History of the Small-pox Epidemic in Mobile (1874–75), by Dr. Jerome Cochran, is a useful contribution to the history of that complaint. The author, however, has plainly not been conversant with the recent literature on vaccination, or he would not place so much faith in Dr. Seaton's views of the relative value of human and bovine lymph. The researches of Foster, Jones, and others in this country, oblige one to make considerable modifications of the views held five years ago on that subject.

**Transactions of the South Carolina Medical Association.** Annual Session, 1875. pp. 267.

The scientific papers in this volume are: Ergot, its Hypodermic Use in Hemorrhage, especially Uterine Hemorrhage, by James McIntosh, M. D.; Report on Bright's Disease, by J. F. M. Geddings, M. D. (very full, 125 pages in length); Report on Puerperal Convulsions, by J. Priolean, M. D.; Fibroma of Upper Maxilla, by G. S. Baruch, M. D.; Acute Articular Rheumatism with Heart Complications, by the same; Spinal Meningitis, by A. A. Moore, M. D.; A New Form of Intra-uterine Stem Pessary, with remarks upon the general use of the intra-uterine stem, by R. A. Kinloch, M. D.; Open Dressing of Amputation Wounds, and Wetted Adhesive Straps, by F. Peyre Porcher, M. D.; Comminuted Fracture of Femur in a patient eighty-three years of age, with recovery by plaster of Paris dressing, by R. W. Gibbes, M. D.

THE

# Medical & Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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## ON THE AVOIDANCE OF CAUSELESS SUITS FOR MALPRACTICE.

Sir JAMES PAGET, in his lately published volume of Lectures, has one upon the "Calamities of Surgery," in which he ably illustrates how sometimes most disastrous results follow on simple operations, through wholly incidental causes. His frankness illustrates not only the perils of patients, but of surgeons, for in spite of skill and care the latter may expose themselves to charges of malpractice.

This has been properly exciting much attention of late. An illustration of it is furnished in a paper read before the Medico-Legal Society of New York, by Dr. Frank H. Hamilton, which has been printed in the St. Louis *Medical and Surgical Journal* for July, and separately. The surgeon, of all medical practitioners, is peculiarly liable to prosecution for malpractice; during the period from 1833 to 1861, or thereabouts, so frequent were these prosecutions in New York, and also in the Eastern and Western States, that "many eminent surgeons felt compelled, in self-protection, to abandon the practice of surgery." Latterly, the danger to the profession has again revived, and Dr. Hamilton was recently addressed by a brother physician with reference to "some kind of a contract which he had been informed was used by the professor when taking charge of important surgical cases. In the midst of an ignorant community," he wrote, "he had learned the folly of being perfectly unprotected while carrying on quite an extensive surgical practice, and asked for a copy of such paper or contract."

This was only a sample of many letters which had been received by Dr. Hamilton. The branch of surgery most exposed to prosecution is that of fractures and dislocations, in which American surgeons have a high reputation. But they seem to have relied too much on their improved appliances, and promised better results to their patients than they were able to achieve, the line between the possible and impossible not having been drawn by carefully collected statistics until Dr. Hamilton himself began the task, in 1849.

In the meantime, a change has been going on in the treatment of fractures, and there has been a partial return to old and discarded methods, and the surgeon who now employs the forms of apparatus or dressing in vogue twenty-five years ago, does so at the risk of being held responsible for an error of judgment in resorting to an obsolete practice. On the other hand, to adopt the new methods implies a guarantee of the inventor's claim in regard to their efficiency, and a failure to make good this claim will be attributed, not to the preposterousness of it, but to the surgeon's want of skill. So, between the over-sanguine inventor and the public, which is quite ready to admit his pretensions, having the American mania for "improvements," the surgeon is certainly ill at ease. "Nothing will save him," concludes Dr. Hamilton, "but the Truth, and in such a form that it can be made available by

the profession, the public, the lawyer, and the courts."

In this connection the following resolutions, passed by the Medical Society of Butler Co., Pa., recently, will show the tendency of the profession :—

Whereas, In a number of instances in this county, physicians and surgeons have been sued for malpractice, in unwarrantable cases, by persons who could not, or would not, and did not pay for any professional attendance ; and

Whereas, Such suits have been encouraged by unprofessional and unwarrantable interference by outside physicians and surgeons (so-called) who place no value on professional courtesy, but strive to elevate themselves at the sacrifice of the truth, honor, and dignity of the profession, therefore

*Resolved*, That the President appoint a committee to take into consideration what steps can be taken for the better protection of the members of this society.

We should recommend similar proceedings on the part of every medical society, with a view to obtain—not exculpation from the effects of real ignorance—but freedom from causeless litigation. To this end the following act has been recommended by the Medico-Legal Society of New York City :—

An Act providing for the protection of physicians, surgeons, dentists, editors, authors, publishers, artists, architects, designers and engravers, against speculative law suits.

*The people of the State of New York, represented in the Senate and Assembly, do enact as follows :—*

Section 1. Be it enacted, that in all suits that may be brought against any physician, surgeon or dentist, for alleged damages in any case arising from any alleged malpractice on the part of any physician, surgeon or dentist, or against any editor, author or publisher, for any alleged libel, or against any artist, architect, designer or engraver, for any alleged damages done in his profession, the plaintiff shall, before such suit be commenced, give a bond in at least double the amount of damages claimed in such suit.

Sec. 2. Such bond shall be signed and secured by two or more sufficient sureties, who shall be freeholders or householders, to be duly approved by one of the judges of the court in which such suit shall be commenced, conditioned that if the plaintiff shall not maintain such suit, or shall not recover against the defendant, such sureties shall well and truly pay to the defendant all costs and damages that the defendant may sustain by reason of such suits, and all legitimate expenses incurred in defending the same.

Sec. 3. If, during the pending of such suit, the said sureties, or either of them, shall become insolvent or irresponsible, the plaintiff shall immediately substitute other good and sufficient sureties, to be approved in like manner hereinafter provided for.

Sec. 4. In case the plaintiff shall not comply with the provisions of this act, no such suit shall be maintained against any physician, surgeon or dentist, for any alleged damages, in any case of alleged malpractice, or against any editor, author or publisher, for any alleged libel, or against any artist, architect, designer or engraver, for any alleged damages done in his profession ; and that any suit may be dismissed, on motion of any defendant, at any time after any process may have been served on the defendant in any such suit, and such defendant shall be entitled to, and shall recover against any such plaintiff, such costs and damages as the court shall award upon such motion to dismiss any such suit.

Sec. 5. Whenever any plaintiff shall not maintain the suit, nor recover damages as hereinbefore provided, the defendant shall immediately commence a suit upon the bond hereinbefore provided to be given, and such suit shall be a lien upon the property specified in such bond, upon a motion of *lispendens* being filed by the clerk of the court in which such suit shall be commenced.

Sec. 6. All acts inconsistent with this act are hereby repealed.

Sec. 7. This act shall take effect immediately.

This, or something like this, should be urged on the Legislatures of all the States. It asks nothing but what is equitable and good for the community.

### A Prize Essay on Bright's Disease.

The Medical Association of the State of Alabama offer a prize of $100 for the best treatise on this disease, to be forwarded not later than February 1, 1876. For particulars, address Dr. Benjamin H. Riggs, Selma, Alabama.

# Notes and Comments.

### Therapeutical Notes.

CONJUNCTIVITIS.

A Swiss physician, Dr. Emmert, has found a solution of tannin, five to fifteen per cent., of excellent service in acute conjunctivitis. One drop of the solution is put on the eye every two hours.

COMPOUND TINCTURE OF BENZOIN.

Mr. Donaldson observes that the use of this remedy having again been revived by Surgeon W. J. Charlton, is beginning to be frequently used in Burmah. The combination usually prescribed by Dr. Charlton, is—

| | | |
|---|---|---|
| ℞. | Tr. benzoini co., | ʒj |
| | Tr. catechu co., | ʒj |
| | Tr. opii, | ♏x |
| | Ext. hæmatoxyli, | gr.x |
| | Aquæ, | ʒj. |

Ft. haust. To be given three times a day.

It occasionally happens, particularly in those cases where ipecacuanha has been unnecessarily persisted in, that the stomach becomes intolerant of the medicine. In such a contingency, it may be administered by the rectum with equally good effects.

AN INSECT POWDER.

An exchange states that *ledum palustre*, Lin., in its fresh and dried state, destroys insects, and the tincture, externally applied, allays the itching and pain produced by the stings of insects; it should be collected while in bloom.

### The Extent of Trichinosis in the Mississippi Valley.

The *Transactions* of the Indiana State Medical Society, 1875, contain a report on trichinosis, by Dr. George Sutton, of Aurora, Indiana, which asserts conclusions so startling that it is our duty to give them every prominence. They are as follows:—

"That from microscopic examinations of pork killed in southeastern Indiana, we have found from three to sixteen per cent. of the hogs affected with trichina, the number of hogs diseased varying greatly in different localities.

"That over five millions of hogs are slaughtered and packed in the Western States, not including those which are put up for family use by the farmers; that if four per cent. of this pork is diseased, which we believe to be a low estimate, we have two hundred and twenty-one thousand four hundred and eighty-four diseased hogs put annually upon the market; or, at an average of two hundred pounds to the hog, forty-four millions two hundred and ninety-six thousand eight hundred pounds of diseased meat, every ounce of which, under favorable circumstances, is capable of producing disease.

"That from the cases of trichinosis that came under our observation, and the post-mortem examinations, and the effects upon the dog that was fed on the diseased meat, we have come to the conclusion that ninety per cent. of disease produced from eating trichinous pork appears either as gastro-enteritis, or as a diarrhœa or dysentery, and not more than ten per cent. as the fully developed form of trichinosis, in which the muscular system becomes affected.

"That as diarrhœa, dysentery and enteritis rank high as causes of mortality in the United States, these diseases causing thirty-one thousand one hundred and fifty-three deaths in 1870, as shown by the last census reports; and as we have seen that a large amount of trichinous pork, capable of producing these diseases, is among the principal articles of food in our country, we think it more than probable that trichina have a much greater influence in the etiology of this class of diseases than has been recognized by the profession.

"That it is highly probable that when the fact becomes more generally known, that so large a per cent. of pork is swarming with trichina, capable of producing disease, it may have an effect upon the use of this meat, and consequently affect the sale, to some extent, of one of the principal articles of commerce in the west."

### Salicylic Acid.

In the *Archiv für Klinische Medicin*, Dr. C. E. Buss, of Basel, has a long article on the use of salicylic acid as an antipyretic. His conclusion is that it possesses remarkable power in this direction, rivaling that of quinine. He recommends the acid to be given in the evening, and but once daily. A perceptible fall of temperature regularly ensued. To reach an action equal to that of quinine, double the dose should be given. He advises, however, against doses over two scruples. It may be given in a powder, or a lozenge, with sugar. Care must be exercised that the dry powder does not cause vomiting.

In the *Berliner Klinische Wochenschrift*, Dr.

Hanow gives his experience with salicyl in diphtheria. He claims to have had "astonishingly favorable results." He makes a weak solution of equal parts of the acid and phosphate of soda in water (about three grains of each to the ounce), and has the patient swallow, slowly, a tablespoonful of it every hour. "After the third or fourth dose, in every case, the false membrane was detached, and was thrown up so fast that it caused some choking. With the disappearance of the exudate, the fever diminished, and convalescence set in in twelve hours"

### Rokitansky's Farewell Address.

On the 16th of July the distinguished anatomist and pathologist, Rokitansky, delivered, in the University of Vienna, his valedictory address before retiring from the professorship. It is a vigorous and thoughtful production, rich with the wisdom of wide experience. He entitles it his "Legacy to his Scholars." Various questions of the day are touched upon. One of his warnings is against admission of woman to equality with man; another, against an excess of competition in life; and a more urgent one, against "modern individualism," which shows itself in the ruthless pursuit of personal objects, and in the readiness with which the ethics of the day excuses all manner of wrongdoing, out of a misplaced sympathy, or a belief that nothing is in itself bad.

### Hereditary Transmission in Disease.

The laws of transmission, by descent, were applied to epidemic disease, with great success, by DeCandolle, of Geneva, as explained, at the time, in the Reporter. Recently Sir James Paget has spoken of the modification of disease by descent. He states, for instance, that "in members of cancerous families, not only recurrent tumors and rodent ulcers are much more frequent than in other families, but fatty tumors and harmless warts and nodular growths of skin may be explained on a theory of evolution of disease." With his usual caution he then "hazards a guess," "that the evolution of cancer in many generations may be studied in the whole group of hereditary diseases." Beginning in monstrosities by excess, differentiations from the normal type may show themselves in the form of simple overgrowths, or as innocent tumors, "thence to recurrent tumors composed of the same structures in embryonic forms, till genuine cancer is arrived at." But if there be evolution of cancer there may also be a process of involution, and some cases of recurrent and simple tumors met with in families in which cancer occurs may, perhaps, be gradual reversions to the healthy type of shape and structure. Processes of evolution and of involution are probably always going on, so that those manifestations of cancer, gout, or tuberculosis which appear to be primary, may in reality be inherited. In fact, Sir James does not believe that any of these conditions can arise from any external conditions whatever, and independent of inheritance.

### The Use of Wind Instruments as a Prophylaxis in Phthisis.

Dr. Burg, of Paris, has written a pamphlet on the question, "Are declamation, singing, and, above all, wind instruments, dangerous exercises for persons of weak or delicate constitution, and more or less predisposed to serious diseases of the respiratory organs?" Most physicians, he observes, will answer in the affirmative; he takes the contrary ground.

A manufacturer of wind instruments once said to him:—

"The men who make it their profession to try the wind instruments made at the various factories, before sending them off for sale, all, without exception, to my knowledge, are free from pulmonary affections. I have known many such who, on entering upon this profession, were very delicate, and who, though their duty obliged them to blow for hours together, enjoyed perfect health after a certain time. I am myself an instance of this; my mother died of consumption, eight of her children fell victims to the same disease, and only three of us survived, and we all play on wind instruments. The day is not far distant, perhaps, when physicians will have recourse to our dreaded art in order to conquer pulmonary diseases."

Whether there was a surreptitious eye to trade in this, or not, we do not say.

### On "Galloping" Syphilis.

This is the name given by Dr. Levin, of Stockholm, to a form of syphilis which infects the whole system from the outset, and is followed in a few weeks by secondary symptoms. Fever, prostration, wide ulceration, and considerable pain, characterized the cases. Such a form generally occurs in constitutions previously broken by excesses.

## CORRESPONDENCE

### Incontinence of Urine Cured with Electricity.

ED. MED. AND SURG. REPORTER:—

In your journal, of August 14, 1875, I read an article, copied from the *Lancet*, written by Dr. F. N. Otis, upon the above subject. He says "sedatives and narcotics palliate but never cure the disease." He recommends surgery in most cases, and says, "let me cite a case or two" to prove his practice. Every physician has a right to his theories, provided they can be brought into practical use.

I have practically proven that electricity is the best agent; better than either the knife or medicine, for they have both failed me, and electricity never has. It is a fact, known to the profession at large, that this disease is stubborn, and does not yield to treatment readily.

I will cite the first case of enuresis nocturna that I treated successfully with electricity. The patient a lady, twenty-six years of age, unmarried; she had no control of her urine at night, and very little through the day; she had scarlet fever when three years old, and since that time had been affected with this unfortunate disease. Knowing the benefit gained by the mechanical action of electricity, I determined to experiment with it in this case.

Upon examination, I found the meatus urinarius relaxed, and the mucous membrane of the urethra flabby. I took a female catheter, attached the contracting current to it, and inserted it into the urethra, and then applied the relaxing current over the bladder, applying the current strong enough to contract spasmodically the bladder, the seance lasting long enough to produce slight irritation (about an hour). This course of treatment was continued six successive days, until I had gotten up a healthy inflammatory action; I then gave a general downward treatment; by that means reduced the inflammation.

My experience in treating indolent ulcers and other morbid conditions, was to use the remedy that would arouse a healthy inflammation the quickest. Electricity never fails me. I gain this reaction by stimulating with the tonic current, following it up until I gain the result desired, then dame nature, ever ready to help herself, will restore our patient, as she did in this case. Here we find seven treatments of electricity permanently cured (now three years have passed, and the patient is well) what medicine failed to do in twenty-three years. I could cite other cases, in this city, where from four to ten treatments have cured them. If we find a stricture, or contracted condition, we must use the relaxing current to the part affected, let it be the vagina, urethra, or rectum, but in those cases we must have a reaction. When a patient complains of soreness, I tell them that is just what I want; this holds good only in chronic diseases. S. E. STURGIS, M.D.

*Washington, D. C.*

### The Prevalence of Abortion.

ED. MED. AND SURG. REPORTER:—

When you deny, in the issue of August 28th, the prevalence of abortion in this country, I am constrained to inquire what you mean by prevalence. I practice in a village of three hundred inhabitants, with a surrounding rural population fully up to the average in health, intelligence and morality, and I am far within bounds in saying that the number of abortions that come to my knowledge equals ten per cent. of the whole number of births, while the number of applications made to me to procure abortion equals three per cent. of the calls to attend cases of natural labor. And this, in spite of the fact that I have invariably refused to be a party to this most detestable of murders.

I know three married women, respectable ones, who are notorious for giving instructions to their younger sisters as to the modus operandi of "coming round."

After the failure of tansy, savine, ergot, cotton root, lifting, rough trotting horses, etc., a knitting needle is the stand by. One old doctor near here was so obliging as to furnish a wire, with a handle, to one of his patients, which did the work for her, after which she passed it to one of her neighbors, who succeeded in destroying the fœtus and nearly so herself. Sad to say, the above mentioned reprobate is regularly educated, however irregular his practice. If any other form of murder were as common as fœticide, would we not consider it terribly prevalent?

I am glad to see your agitation of the subject of sexual relations. If it is true, as stated, that in the Oneida community sexual congress is allowed only by vote of the society, then that community, however false their general views, have a safeguard for the health of their women and children for which we have in practice no substitute.

Whether men deliberately claim the "right of the husband (!)" or are goaded into an unnatural excitement of their weakened generative systems by the presence of a woman in bed with them, the direful effect is the same. Worn with child bearing and rearing, with ministering to the demands of a man who, in the present state of sexual things, could meet the natural desires of ten women, and nearly always overwhelmed with manual labor, what wonder that, in her ignorant despair, she should seek to rid herself of the unwelcome fruit of forced intercourse. Not ten days ago, a lady, the wife of an unusually intellectual Christian gentleman, pathetically exclaimed, "I count the days till I shall be fifty years old."

The sexual problem needs speedy solution, and as an amendment to Victoria Woodhull's free and cosy plan, I would offer bromide of potassium.

I trust you and your co-laborers will continue to discuss the subject, till the medical profession shall be able to teach an enlightened sexology.

*Atkinson, Ill.* W. M. SMITH, M.D.

# News and Miscellany.

### The Woman Question.

In spite of the ukase forbidding Russian women to pursue the study of medicine in foreign universities, four continue at that of Zurich.

Women are to be admitted to the medical classes of Copenhagen this winter. They are to pass the same examinations, and have the same opportunities to contend for prizes, as the male students. But they are not to claim any position in the civil or military service.

The reading of a paper of Mrs. Garrett Anderson before the British Medical Association met with much resistance. The general Secretary is to obtain the written opinion of each member as to the desirability of having female associates.

The Woman's Medical College, of this city, promises to have a full class this winter.

### Personal.

—Dr. T. J. Hutton has accepted the position of Assistant Physician in Dr. Givin's retreat for mental disease, at Burn Bræ.

—The eminent anatomist, Dr. J. M. Weber, died at Bonn, July 28th, aged eighty years.

—The well-known physiologist, Prof. Wundt, has accepted a professorship in Leipzig.

### Items.

—There is a good deal of cholera all over India, and as the season advances there is every reason—judging from past experience—to anticipate an increase, both in the number of cases and the virulence of the disease. There is also cholera in Ceylon.

—In Berks county, Pennsylvania, a child tried the experiment of eating a potato bug. A nauseous sickness followed, which the prompt efforts and skill of Dr. Diller allayed, although for a little while the infant was at the point of death.

—A British journal says the cows on the island of Ushant, off the coast of Brittany, feed principally on seaweed, whereby their milk is impregnated with iodine, and it is proposed to use this medicated milk for the cure of diseases.

—An Odd Fellows' asylum is to be built by the brethren of Jacksonville, Florida, for the benefit of those in the order who seek the State for their health.

—The President of the Geological section of the British Association gave his opinion that no direct evidence has yet been given that man existed previous to the glacial period.

—The Emperor of Brazil has sent Professor Virchow a number of skulls from the bone-caves of Brazil. He accompanied the gift with an autograph letter.

—The town of Milton, Florida, has been devastated by yellow fever, eleven out of fifty-four inhabitants having died by the 15th instant.

## QUERIES AND REPLIES.

### Falling Hair.

Mr. Editor:—In Reporter, Sept. 11, J. W. M. asks: "What will prevent the falling of hair?" I have used, for the past ten years, in my own case, and prescribed frequently for others, the following, with complete satisfaction:—

| | |
|---|---|
| R.—Glycerine, | |
| Tinct. capsicum, | aa ounce ij |
| Oil of bergamot, | drachm j. M. |

Or perfume to suit.

This is to be the only dressing for the hair. Wash the head occasionally with soft water and fine soap.

*Iowa* W. L. L., M. D.

### Stomatitis Materna.

"According to my experience, any of the sulphites, particularly the sulphite of soda, will have a better and more permanent effect on that fermentative condition than any remedy I have ever prescribed. I have used it, to the entire exclusion of all others, with the very best results, allowing the child to continue at the breast. Any of the great number of empirical remedies, such as borax, ginger, nit. silver, and carbolic acid, will seem to do good after nursing the suckling."

*Gallatin, Tenn.* H. B. Malone, M. D.

*Dr. J. M. O. B., of Ohio.*—"Can your readers furnish a recipe for preserving eggs in hot weather?

*Reply.*—A coat of collodion is said to be efficient.

## MARRIAGES.

Haight—Pullan.—August 31, at the residence of the bride's parents, by the Rev. J. Haight, Dr. J. B. Haight, son of the officiating minister, and Miss Lizzie Pullan, daughter of R. B. Pullan, Esq., all of Cincinnati.

Litch—Gerken.—August 3, 1875, in Norfolk, Va., by the Rev. Otto S. Barten, D.D, rector of Christ Church, Wilbur F. Litch, M D., of Philadelphia, and Miss Annie L. Gerken, of Norfolk, Va.

## DEATHS.

Bassett.—At Warren, Litchfield County, Conn., on Saturday, 4th inst., after a brief illness, Benjamin F. Bassett, M.D, formerly of Brooklyn, N. Y., in the 50th year of his age.

Houseman.—On the 7th inst., Dr. William W. Houseman, son of John A. and Sarah Houseman, of this city, in the 22d year of his age.

Knight.—On the 9th inst., at the residence of her uncle, 1811 Fairmount avenue, Mrs. Marie L. Knight, wife of S. R. Knight, M.D., superintendent Episcopal Hospital.

Rumsey.—On Sunday, the 5th inst., at Fishkill, on Hudson, Charlotte A. Rumsey, daughter of the late Dr. James S. Rumsey.

Lentz.—On the 30th ult., at Chestnut Hill, Susan Sheaff, wife of Dr. Henry S. Lentz, in the 86th year of her age.

Watts.—On Saturday, 5 P. M., of consumption, Henrietta Tibbals, wife of Dr. J. H. Watts, aged 41 years.

THE

# MEDICAL AND SURGICAL REPORTER.

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## Original Department.

### Communications.

### A CASE OF ALGIDA FEBRIS.

BY W. BEATY, M.D.,
Of Scotland, Ind.

The so-called algida febris we see spoken of in the medical works is, from some cause, receiving little attention from the medical profession of late years It is certainly not because such a disease does not exist, or that it is not so prevalent as formerly. No physician who has a practice in a malarious district will deny this malady is common. Most physicians of this day and age class all intermittents that tend toward congestion as one pernicious fever, and no distinction between the different varieties is given; consequently the young practitioner is often embarrassed in his attempts toward diagnosis.

If we examine Da Costa's *Medical Diagnosis*, page 755, we find the algid form of congestive fever simply alluded to as one of malignant character; the chief characteristic between this and the other forms of congestive fever is the icy or marble coldness that accompanies the paroxysm.

In Bartlett's *Treatise on Fevers*, page 402, will be found a more extensive history of this variety of fever. He says, "algid fever is not generally, as has been said, a mere prolongation of the cold stage of a paroxysm. I have rarely seen it commence in this manner. There is between these two conditions a striking contrast, even. In the first stage of a simple paroxysm the sensation of cold is out of all proportion to the actual diminution of temperature of the surface, while in algid fever the cold is not felt by the patient, even when the skin is icy. It is commonly during the period of reaction that the characteristic symptoms begin to show themselves; often they supervene suddenly in the midst of a reaction which appeared to be open and frank. The pulse becomes slow, flags, and disappears; the extremities, the face and the trunk, become successively and rapidly cold; the abdomen alone preserves a slight degree of warmth; the skin feels as cold as marble; the tongue becomes flat, white and moist; there is no thirst; most generally the action of the heart is slow, feeble and struggling; the mind is unimpaired; his physiognomy is with mobility; the most absolute impassivity is stamped upon his countenance; its expression is dead. If one is not familiar with this state of things, the kind of calm which follows the febrile excitement may easily be mistaken for a great amelioration, attributable, perhaps, to sanguineous depletion, and the mistake is revealed only by the sudden and unlooked-for death of the patient."

In Dr. E. M. Bailly's *Traité des Fievres Intermittentes*, page 235, where he is speaking of the expression of the countenance in these cases, he says, "that in algid fevers the patients pass from life to death without our being able to foresee this event; we can hardly believe them to be sick, even, either during the intermission or the paroxysms, especially in the early period of the latter."

A very interesting case of the algid variety has recently come under my observation; indeed, it is of such a character that I cannot refrain from reporting it to your journal.

Case.—On the evening of the 26th of June,

1875, Mrs. D , æt. 22, called at my office for medical aid; she stated that her health had been on the decline for about two months, and that within the last three weeks her case, as she thought, was becoming alarming.

She had been under the care of Dr. Hannan for a considerable length of time, and as he had done her no good, she became dissatisfied, and sought medical aid somewhere else.

I told her perhaps Dr. H. was treating her case as well as I or any other physician, as I knew him to be a man of considerable talent. Cases of the character of hers were very troublesome, and always gave us a great deal of annoyance, and the only way of treating them was on the principle, "that drops of water make up great rivers; so, little by little, we could cure such maladies, a little to-day and a little to morrow, until we have established a cure."

She was debilitated, pale, and of a nervous temperament; appetite poor; rested badly at night; would have all sorts of ugly and frightful dreams; also would perspire profusely at night; at times she would complain of some pain in left hypochondriac and left lumbar regions; kidneys were normal; bowels very irregular; sometimes would not move for three or four days; tongue covered with a white, and at times a yellowish coat; there was a constant dull, heavy, throbbing pain in her head; pulse 104; temperature in axilla 90°. All the symptoms thus enumerated had been gradually getting worse from the dawn of her troubles. Prescribed—

℞. Hyd. chlorid. mite., gr.iv
Colocynthis, gr.iij.
Sig. To be taken at bedtime.

Also—

℞. Quinia sulphas, gr.v
Ferri. subcarbonas, gr.v.
Sig. To commence next morning at 4 o'clock. Given every four hours.

This was all I gave her, and told her, as she was leaving my office, that I would call and see her on the evening of the 27th (next day), as I would be in the neighborhood in which she lived. By this means, I would have more time to study her case, as it was, in my mind, rather obscure, and also acting upon the principle that every physician ought to, "that a correct diagnosis for the radical cure of disease is the great essential."

But, on the same evening that she was to see me, about dark, I was summoned by her husband in great haste, to see her; she was much worse than she had ever been. On arriving at her residence, I found her in rather an alarming condition; indeed, I was very much surprised to see such a change in her in so short a time. On approaching her bedside, I found her perfectly rational. I began to question her, and found that she began to chill a short time after she saw me in the morning. There was violent dyspnœa; pulse 145, regular, hard and wiry; not, as is generally the case, irregular, slow and weak; the extremities were of a marble coldness; even the breath seemed to chill; only the trunk, of the whole body, seemed to possess a slight degree of warmth; the skin was of a livid hue, and was covered from head to foot with a cold, clammy, sticky sweat. She revealed to me the fact that she had been troubled with intermittent last fall and part of the winter, and stated that she neglected to tell me that she had, every other day, sometimes every day, chilly sensations, for the last two months that she had been feeling so poorly. At once I saw through the whole case; the diagnosis was clear; it was very manifest to my mind that the case was one of malarial trouble.

The treatment suggested itself. The cathartic prescribed was not given; gave, to reduce the heart's action, four drops veratrum viride, in ten drops tincture opii; repeated every half hour until the pulse was sufficiently reduced; also *spiritus vini gallici* was given freely from the very beginning. Mustard was applied to the hands and feet; for the dyspnœa, hot flannels were applied to the thorax. This constituted the treatment during the paroxysmal stage. Immediately after this, the sulphate of quinine was given, fifteen grain doses, every three and a half hours.

On the 27th, 10 o'clock, A. M., I visited patient; found her resting well; breathing natural; pulse 100, and not so strong as on the previous evening; temperature in axilla 93°; skin moist; complained of an intermittent pain in the left hypochondriac region; bowels had moved spontaneously during the night; kidneys acting normal, but urine very high-colored. Still continued to give quinine and stimulants; in addition to this, I prescribed—

℞. Spts. nitr. dulc., ℥ss
Potassium bromide, gr.xvj. M.
Sig. A teaspoonful to be given every two

and a half hours, commencing at 1 o'clock, P.M., until three doses were given.

On the evening of the 27th I was sent for in great haste; it was reported that she was having another chill, and was sinking very rapidly. Without delay, I hurriedly made preparations to go; I arrived at her residence just ten minutes from the time I started. Words can hardly express the scene I witnessed; death looked to be the inevitable result; she was sinking as rapidly, apparently, as any one could. The dyspnœa was very great; pulse 65, low, weak, and wiry; there was profound stupor. She inclined to lie upon her back, with the limbs as cold as marble, and a little paralyzed; there was some little trismus, though medicine could be swallowed with some difficulty. The color of the face was natural; its expression that of repose, of tranquillity; only the muscles were a little tightened upon the bones of the face, but not like those of a phthisical patient, or of a person dying from acute gastritis; it was rather the look of a person in full health, who rests after excessive fatigue. The treatment pursued during the paroxysmal stage consisted mainly of the diffusible stimulants in very large quantities. Mustard applications were applied to the extremities; for the dyspnœa hot flannel cloths, and a solution of ammonia muriate applied to the thorax externally. After a period of no great length of time, a general sweat broke out upon the surface, the patient executed some movements of the hands and feet; the eyelids were elevated; the eyes remained fixed and widely open; she remained for a long time unconscious of what passed about her; she recovered, by degrees, the use of her senses, and finally all the functions resumed their natural play. As soon as deglutition could be accomplished without difficulty, I began giving twenty-five grain doses of quinia sulphas every four hours. Also the same prescription as above, to be given in teaspoonful doses every five hours.

On the 28th, 11 o'clock A. M., found patient resting comfortable; had slept well during the after part of the night; bowels in a good condition; kidneys normal; urine not so high-colored as before; pulse 79, and strong; temperature 95° in axilla. She complained of pain in the head, of greater severity than common; this I attributed to the effects of the quinine; her skin was moist and of a more healthy character; appetite much better than it had ever been. The treatment pursued consisted of about the same as the day before.

At 7 o'clock, P. M. patient was resting well; all the symptoms were of a favorable character; felt a little nausea at times at her stomach; pain in the head about left her. All the symptoms taken together, I considered her in a fair condition to get well. The treatment after this was strictly a tonic one. Ever since she has been slowly convalescing.

The great point of interest in this case is the steady progress of the hidden malarial poison towards death. By degrees the power of life slowly fades away, by the toxic influence upon the vitals of man; nothing within the field of medical science affords a greater scope for study, than this action upon the animal economy. The poison lies in the system, oftentimes when the physician is satisfied that he has succeeded in eliminating it; we are often aroused to a sense of our duty by its deceitful action; instantly, as it were, the flames are rekindled; the patient is brought again under the baneful influence which it has upon the body.

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## A CASE OF PAPILLARY GROWTH ON THE MUCOUS MEMBRANE OF THE VAGINA.

BY W. W. CROOK, M D.,

Of Laramie City, Wyoming Territory.

Mrs. G., æt. 19, residing in Kansas, applied to me October 4th, 1874, for examination and treatment. She gave me the following history of herself and disease, viz:—"I was married last January; before I was married I menstruated regularly, and always enjoyed good health. I think I am in my sixth month of pregnancy. About six weeks ago I felt a kind of roughness, like little tumors, in my vagina; they grew so fast I became alarmed about them; they, or something else, would sometimes bleed quite considerably; there is a constant slight discharge, resembling leucorrhœa. I feel no pain of consequence, but I easily get tired, and am not so strong as I was two weeks ago."

These were about the words she used in giving the case; she further stated that her husband had been often attacked with gonorrhœa, and she suggested to me that such a diseased condition on the part of her husband might have something to do with her trouble; a suggestion that I at once acquiesced in; and now, having her history, I proceeded to make a more

extended vaginal examination. I attempted to use an ordinary glass-coated speculum, but at once found it impossible, on account of the vagina being entirely filled with a growth, that I at once recognized as papillary tumors. They were growing all along the mucous membrane of the vagina, and had completely filled that organ to its utmost capacity. I at once gave my patient an anæsthetic, and proceeded to remove them in the following manner: I prepared myself with a pair of ordinary polypi forceps, scissors, scalpel, argent nitrate, etc. I removed them as I came to them, and to my surprise, I found there were, in all, eighteen different growths, some of the largest weighing as much as six drachms. There was considerable hemorrhage, but when I removed one of the growths, I would sponge the cut surface, and cauterize it freely. These growths would start from the mucous membrane in a small, round, cord-like stem, and seem to spread out like a cauliflower growth, at the top of which they would measure as much as from one inch to an inch and a half in diameter; while at the base they would only be one-half inch or less; they were very red and deeply papillated.

My patient recovered promptly, and at the end of her gestation, gave birth to a fine, healthy male child. My patient is a lady of good reputation, but her husband being an old subject of gonorrhœa, did his diseased condition have any thing to do in creating papillomata of the vagina in his wife?

## Medical Societies.

### OHIO STATE MEDICAL SOCIETY.

(Reported by J. W. Hadlock, M. D.)

**Railroad Locomotor Ataxia, with Cases.**

BY W. J. SCOTT, M. D.,

Of Cleveland, Ohio.

I have observed, carefully, a few cases of a peculiar condition in railroad men, which I have not seen very well described anywhere.

Case I. Mr. ——, an old railroad conductor on the Columbus road. Ten years ago he gradually became affected with these symptoms: His digestion became bad; he lost strength; he had palpitation of the heart; urination was not easy on the train when in motion. He began to notice that he could not get on and off the train with his accustomed ease. He began to feel more or less insecurity in his steps, and a little later the feet seemed slightly numb, and he had pain in the back, and pain in the lower extremities. He had now, unsteadiness in his step, with a sensation of vertigo, and he, for a long time, could not walk well unless he looked at his feet. With all this he continued at his post on the road. He had consulted his physician, who treated him with little pills, for three years, without advantage. He then consulted another man, who would cure him by electricity. He accordingly gave him a strong application of the interrupted current, which was followed by congestion of the spinal cord, from which the patient suffered acutely for some days, and from the effects of which he never recovered. In this condition I saw the man first, as a patient. He came out of this acute attack with motion and sensation more interfered with than previously. Afterwards he had to use a stick in locomotion; these functions became more and more at fault until he had to have two sticks, and then had to have the assistance of a second person to walk, and now he is unable to walk by any amount of assistance, and yet he lives. He has now that condition which Trousseau describes as locomotor ataxia, or sclerosis.

Case 2. C. W., a heavy man, conductor on the Fort Wayne and Pittsburg and Chicago Railroad, consulted me in 1868. He had diarrea, palpitation of the heart, indigestion; was unsteady on his feet; could not remember as well as formerly; stricture around the thorax; pain in the back. I gave an unfavorable prognosis, and advised him to quit railroading. He said he could not do it. He consulted medical men in Philadelphia, Chicago, etc., and died within two years.

Case 3. W. C., of Pittsburg, a conductor of freight on P. F. C. Railroad; a tall, spare man, weight 160 pounds; dark complexion, temperate, good habits; had been sixteen years on the road. For the last six years had been complaining. I saw him in November, 1872. He had been under the care of his physicians in Pittsburg for three years previously. The first one to whom he applied treated him eighteen months, for indigestion and liver complaint, without advantage. He then consulted another, who prescribed for him for nine months, and no advantage gained. When I first saw him I found these symptoms: he was yet at work; had progressively become debilitated, with bad digestion, torpid condition of the bowels, nervous pain between the shoulders and tenderness along the spine, stricture around the thorax, palpitation of the heart on slight exertion, urine full of lithates, loss of strength, and emaciation gradually going on. He could not remember as well as formerly; was sensible of not being perfectly secure on his feet, but had control of locomotion by paying attention to it; but if the attention was divided, he became more sensible of want of perfect control of muscular movements, or when walking, if he should look off to either side, at once he became unsteady. With these symptoms I found him. With my diagnosis he returned to his former physicians in Pittsburg, who disagreed with my views of the case. He then consulted a gentleman of Philadelphia,

who, after a careful examination, thought that probably my diagnosis might be correct, but said the case was an obscure one. The gentleman returned to me with the views and the notions of these gentlemen.

In the spring of 1873, saw Mr. M. P., who had been on the C., C. & C. Railroad for sixteen years, in almost every capacity, but a part of the time a locomotive engineer; complaining with very nearly the same symptoms of W. C., I put him off the road, as one condition of treatment. In two months he so far recovered that he thought he could resume work again as conductor of freight. I forbade his return, as he valued his life. He is now at work for the company in another capacity, and enjoying tolerable health.

Mr. P. L., was another old engineer of the same road, who, for a number of years, was afflicted with disurea, when on the engine, in motion, and had slight numbness of his hands and feet, and could not get on and off the engine very easily, yet, when at his post, could run the machinery as well as any one. He was an intemperate man, and failed rapidly at last.

Looking to the authorities for an interpretation of these cases—and I could add others, but these are sufficient—I find the best account in Trousseau's Clinical Lectures on Locomotor Ataxia. None of his cases are similar to these in symptoms, for the reason that he begins his description of the case when there was present already sclerosis, and the preliminary stages had been passed through. Trousseau quotes his definition from Duchenne (de Bouloyne): "Progressive abolition of the faculty of coördinating movements, and apparent paralysis interfering with the integrity of the muscular power." Evidently this definition takes the disease in the middle; and the long course of symptoms and conditions in the first stages are overlooked.

Again he says: "If you ask an individual suffering from ataxy to walk, he staggers makes great efforts to maintain his equilibrium, and, feeling that his muscles do not respond to the influence of his will, he seeks for a point of support" In all of his masterly discussion of this grave and interesting disease, he overlooks the first stage, so that the time for treatment is wholly past before he comes to it.

The cases from which he obtained his pathological anatomy were entirely different from mine, and I think it possible that their conditions might be different. In his cases of dissection the disease had been induced by sensual and venereal excesses; and, consequently, the great pathological changes found were in the sensory nerves and column of the spine, reaching the brain in this way. The description of the cases is not sufficiently minute to tell us whether the sensory or motor function was first interfered with. In the cases that I am reporting the motor disturbance was first at fault. It seems to me, long before any disturbance of sensory or motor function was a noticeable feature in the nervous phenomena, there were, evidently, symptoms depending more on nervous conditions than on any other physiological or pathological condition. The disturbance of the digestive function and of the heart's action have their exciting cause in disturbed nervous influence, through the relation of the vaso-motor set of nerves, or the great sympathetic set of ganglia, not because they are primarily affected, but by their relation with the spinal ganglia, whether we have the anterior or posterior column affected. In this railroad disease these symptoms will follow the disease of either column of the cord; and, indeed, all parts of the cord will speedily become seriously affected.

If you place a man on his feet in a car, and keep him so for a long time, at first he becomes tired by the constant attention to keep his muscles guarded, so as to meet at all times the liability to sudden changes in the centre of gravity. This extra amount of muscular tonicity must be kept up through the motor set of nerves. It seems to me that the spinal ganglia, thus continually taxed, would present, first, functional derangement. And when this becomes considerable, that their connection with the other ganglia may cause them to manifest the symptoms depending on hyperæsthesia of all the ganglia; or, after a long time, those depending on a want of nutrition; or, at a still later period, the exciting cause continuing, such as a total obliteration of function, and we approach the condition which authors describe as "ataxy." On the other hand, it may be said that intelligence of these facts is communicated to the sensorium through the sensory ganglia, and hence they are both alike taxed at the same time.

It seems to me that the stronger power is required of the motor apparatus. Take the cases referred to by Trousseau, in which a like condition has been produced by frequent and continued sensory excitation, and the pathological anatomy is found in the root of posterior nerves and those ganglia reaching to the brain; thus affecting all the ganglia, spinal, sympathetic, sensorial, and perhaps cerebral, and in this way destroying, ultimately, the power of coördination, and, in the end, producing sclerosis, the pathological anatomy of which can be easily demonstrated; but the same cannot be said of that long series of first symptoms, neither by the scalpel nor the microscope; and yet they have as distinct and no less important a pathology as "sclerosis," and are the precursors of it. Now, add to these disturbing causes the divided attention of a locomotive engineer. He must attend to the condition of his machinery, watch for signals, and see that the track is clear, while the train speeds its way. The great wonder is that more of this class do not fail.

The treatment is the important part of the subject. The early recognition of the premonitory symptoms is the only safety for the patient. After the organic changes are wrought *certainly* any treatment is useless, which, I judge, is Robert's opinion. He describes the

disease well, and stops at that. Trousseau and Duchenne treated their cases, as they saw them, unsuccessfully. And so will we, if we do not recognize the condition until it is in the last stage. But if we look on the indigestion, the palpitation of the heart, the want of the accustomed quickness of perception, the slight failure in the memory, the inability to urinate when the train is in motion, the inability to direct the motion of the limbs without watching them, the numbness of hands, and sometimes the feet—with some of these conditions, tolerably well marked, especially in a railroad man—we may be certain that they are unfailing signs of serious trouble. and in the general management of these conditions the only safety is for the patient to quit at once his business. If he continues, no treatment will be of any avail, but a worse set of symptoms and conditions, which are more grave in character, will in time be developed.

Now, to meet the therapeutical indications, the importance and cause of the early symptoms must be appreciated. Flint says that "the treatment will require but a few words. There is no special plan of medication as yet established. Some benefit may be derived from the *judicious* use of electricity." Trousseau says, "the persevering use of sulphur baths has proved useful. Wunderlich advocates the use of nitrate of silver as a curative agent.

It seems to me that this kind of therapeutics is remarkably deficient for the treatment of so grave a set of symptoms. Take the symptoms as they present themselves in the stages of the disease, and usually we find that the indigestive disturbances are the first symptoms the afflicted complain of. Remedies directed alone to this function will not accomplish much for relief.

The cause of the disturbance is a nervous one, and comes from the disturbed condition of the sympathetic ganglionic system. These ganglia will be readily disturbed, whether disturbance, primarily, be in the anterior or posterior column of the cord. It is known that the ganglia of the three sets of nerves are intimately associated, and beautifully and wisely connected one with the other. A disturbance of the origin of the pneumogastric will at once be reflected on the heart and stomach, and in that way we have these two important functions almost simultaneously affected In railroad ataxia the apparatus whose function is to keep up tonicity of muscles will be continually taxed. and, in addition to this, the constant guard kept over the muscles, so as to prevent accident, it would seem to me. most likely to become affected when we take into account the continual motility of this function by reason of the continual attention which must be manifest through the motor nerves. The symptoms manifesting themselves in these cases are those which would come from motor disturbance first, and afterwards those of sensory apparatus become affected ; in either case we have the sympathetic system affected about equally alike.

If anything like this is the pathogeny of this first stage, and while there is possibly no organic lesion, the therapeutical indication certainly is plain, to avoid the cause which has led to such condition. That is the important part of the treatment which, in my experience, has been wholly neglected, both by the physician and the patient. If we see the case in the stage of hyperæsthesia of the centers, counter-irritation is advisable, with such remedies as control the circulation of the cord—belladonna, hyoscyamus, stramonium, tincture of cantharides and ergot, bromide of sodium, bromide of potassium, bromide of ammonium, and after this stage is past, and we have the changed nutrition and a failure of nervous power, to these may be added strychnia, or the preparations of nux vomica, which I believe to be better than the strychnia. For the heart symptoms, I would combine with the above, in all stages, digitalis, in moderate dose, and if there is anemia, occasionally a little iron. With this class of remedies, I have seen several cases so much improved as to be able to attend to business. But sometimes it is impossible to accomplish anything in the treatment.

In the last stage, as described by Trousseau and Duchenne, where evidently there is already organic change of structure, no treatment is or can be of any advantage. When we get sclerosis of the cord, whether it is posterior or anterior, it makes no difference, and the patient ought to be told so, and let him accept the situation and save his money from the hands of quacks, springs, and water-cure establishments.

# Editorial Department.

## Periscope.

### British Association for the Advancement of Science —Papers Read Before the Department of Anatomy and Physiology.

Through the kindness of a correspondent we have been supplied with the following abstracts of papers of medical interest which were read before the Association at its meeting at Bristol, August 26–31.

#### PHYSIOLOGICAL ACTION OF LIGHT.

The report of a committee appointed at the meeting at Bradford, in 1873, to investigate the physiological action of light was read by Dr.

J. G. McKendrick. The members of the committee were Prof. Balfour, Edinburgh; Prof. Dewar, Cambridge; and Dr. McKendrick, Edinburgh. The investigation was begun by Professor Dewar and Dr. McKendrick. about three years ago. and a paper on the subject was read at the Bradford meeting, when the committee was appointed and a grant of £25 made to assist in carrying on the investigations. The results arrived at by the committee are as follows:—1. The impact of light on the eyes of mammalia, birds, reptiles, amphibians, fishes, and crustaceans, produces a variation amounting to from three to ten per cent. of the normal electro-motive force existing between the surface of the cornea and the transverse section of the optic nerve. 2. This electrical variation may be traced into the brain. 3. Those rays that are regarded as most luminous produce the largest variation. 4. The electrical alteration is due to the action of light on the retinal structure itself, as it is independent of the anterior portion, eliminating, therefore, the natural supposition that the contraction of the iris might produce a similar result. It is possible by experiment to discover the physical expression of what is called in physiological language "fatigue." 5. The method employed in this research may be applied to the investigation of the special organs of the other senses. One of the principal difficulties in arriving at the exact relation between the electrical variation and lights of different luminous and color intensity was the continually diminishing sensibility of the retina to the stimulus, owing to the abnormal condition of the eye when separated from the body and deprived of blood. This difficulty was overcome by placing the animal under the influence of woorara or hydrochlorate of chinoline, both of which substances deprived the animal of sensation and motion; thus experiments can be made upon the living eye without removing it from the body or in any way injuring the animal. It was found that on applying the electrodes of the galvanometer to the cornea and to the surface of the skin large deflections were obtained, sensitive to light, and showing a remarkably constant alteration. In the early part of the investigation it was found that sometimes the initial effect of light was to produce an increase, and at other times a diminution, of the natural current circulating through the optical apparatus; but no explanation was then offered as to the cause of this apparent anomaly. It has now, however, been demonstrated, by a large number of experiments, that the variation is related to the primary direction of the current. If, for instance, the cornea be positive to the surface of the brain the initial effect of light is an increase; if, on the other hand, some portion of the brain be positive to the cornea the initial action is a diminution of the natural current, thus showing that the current superadded or induced by the action of light is always in the same direction, only in one case it is added to, and in the other subtracted from, the natural current. The committee have also examined the action of polarized light and of the various colored rays of the spectrum, with the result of showing that in all cases the yellow rays produce the greatest effect. They have also found that the extreme violet rays and the low red rays produce no alteration. The committee then attempted to measure accurately the electro-motive force of the living eye. This they did by means of Mr Latimer Clarke's method of the comparison of electro-motive forces. From a large number of observations it has been found that the electromotive force of the nerve currents dealt with in these experiments on the eye of the frog amounts to about 1-350th part of a Daniel's cell. This was compared with the electro-motive force of the muscle and nerve of the frog: the muscle gave about 1-35th, while the nerve gave 1-480th part of a Daniel's cell. Lastly, the committee have recently made a series of elaborate experiments, by means of an instrument called a chronograph, devised by Reignault, as to the time required for the action of light upon the eye of the frog. It has been found to occupy about 1-10th of a second, thus remarkably agreeing with the conclusions arrived at by various Continental physiologists as to the time occupied by the action of light on the human eye. The result of this investigation shows that the electrical variation observed in the action of light is what occurs in the eyes of all members of the animal kingdom.

### MICRO-PHOTOGRAPHS.

Mr. H. B. Brady exhibited a series of micro-photographs, chiefly from physiological and pathological preparations, taken by a new and simple process, devised by Mr. Hugh Bowman, of Newcastle. The apparatus was also shown and described. It consisted of a simple mirror of speculum metal, placed at an angle of 45 degrees in front of the eye-piece of the microscope, and directed downward. The image was received upon a collodium plate set in the frame of a common photographic camera, and the photograph taken in the usual way. About 11 seconds was stated to be a sufficient exposure for the purpose.

The President, while admitting the utility of the invention, said that some difficulty would arise in its practical application, since in looking at a preparation it was often necessary to to move the focus from point to point, in order to obtain a complete examination.

### ON VASCULAR PLEXUSES IN THE ELEPHANT AND SOME OTHER ANIMALS.

A paper on this subject was read by Mr. E. C. Miall. It related to the physiological significance of certain plexuses of vessels in the elephant, as illustrated by some dissections undertaken by Mr. Miall and Mr. Greenwood.

### PROTOPLASM AND ADIPOCERE.

A paper was read by Dr. J. Goodman, on "Protoplasm and Adipocere, or the origin and

ultimate termination of animal structure." The author endeavored to show that the animal body, with all its complex organs and seemingly dissimilar structures, is formed either of corpuscles or fibrinous material, which alone can be denominated the true protoplasm of the body; and that dead animal matters are capable of resuscitation by contact with water, so that they will form corpuscles. Thus an individual suffering from disease and taking no nutrition may be sustained for weeks by the mixing of the effete matters from the frame with the aqueous fluid drawn by the absorbents.

VEGETARIANISM A CURE FOR INTEMPERANCE.

Mr. C. O. Groom Napier read a paper upon this subject. He said that more than twenty years ago he read, in Liebig's "Animal Chemistry," how the use of cod-liver oil had a tendency to promote the disinclination for the use of wine, and how most people found that they could take wine with animal food, but not with farinaceous or amylaceous food. He was at that time a vegetarian, and he felt in his own person the truth of this statement of Liebig, as did also some members of his family who, after becoming vegetarians, had no inclination for alcoholic liquors, although brought up to their moderate use. He was induced thus to inquire whether vegetarianism might not be a valuable cure for intemperance. Having applied it successfully to twenty-four cases, he would briefly give the results. One person, aged 61, of a Scotch aristocratic family, had contracted habits of intemperance in India. His habit was to eat scarcely any bread, fat or vegetables. His breakfast was mostly salt fish and a little bread; his dinner consisted of joint and very little else; and he consumed during the day from a pint to a quart of whisky, and was not sober more than half his time. He was induced to return to the oatmeal porridge breakfast, and adopt a diet for dinner of which boiled haricot beans or peas formed an important part. About this time his wife became so alarmed as to the consequences of the cattle plague that all the family were put upon a vegetarian diet. The husband grumbled very much at first, but his taste for whisky entirely disappeared, and in nine months from the time he first commenced eating largely of beans, and two months from the time he became an entire vegetarian, he relinquished alcoholic liquor entirely, and had not returned to either flesh or alcohol. The author also instanced the case of an analytical chemist, aged 32, who was given to intemperance, but who, on having his attention drawn to Liebig's statement, was induced to adopt a vegetarian diet, and, following up this, before six weeks he was a total abstainer. As other instances, he mentioned a lady of independent means, a clergyman, a country gentleman, a girl of 19, a man and his wife and sister (all over 40 years of age), a bed-ridden gentleman (cured in 36 days), a captain in the merchant service, a half-pay officer, a clergyman and his wife, both of intemperate habits, who were cured by a diet mainly farinaceous. A gentlemen of 60 had been addicted for thirty-five years to intemperate habits, and his constitution was shattered. After an attack of delirium tremens he was induced to adopt a farinaceous diet, which cured him in seven months. He was very thin, but his weight increased 28lbs. Two sisters, members of a family noted for intemperate habits, adopted vegetarianism, and were cured in about a year. A clerk who had lost several situations through intemperance was cured by vegetarianism, and was taken back by an employer at a higher salary than he had ever received. A governess, aged 40, lost her situation through intemperance, and was cured, by adopting a farinaceous diet, in nine weeks. Two military pensioners were cured in six months. Three old sailors were cured in like manner in the same period. The author then mentioned various articles of diet which he regarded as specially antagonistic to alcohol. These were: macaroni, haricot beans, green dried peas and lentils, soaked for twenty-four hours, well boiled with onions and celery; rice, and highly glutinous bread. The author stated that he had himself found his health benefited by a vegetarian diet, and all whom he had induced to adopt it had received similar benefit. After pointing out the increased economy of this diet he recommended those who had a distaste for it to try seaside or mountain air. He then alluded to the increase of national wealth which would arise from the employment of land now growing barley for other purposes; and added that nations living on a farinaceous diet are less given to drunkenness than meat-eating populations.

The President, Professor Cleland, opened the third session with an address, in which he touched upon the doctrine of evolution. The importance of the subject, the freshness of his views, and his eminent authority as an anatomist, induce us to make the following rather long extract on

THE FORMATIVE FORCE IN EVOLUTION.

The doctrine of natural selection starts with the recognition of an internal formative force which is hereditary; and in the development of the doctrine, the limits of hereditary resemblance have been greatly studied; and further, it will be observed that one of the fundamentals of the doctrine is, that the formative force alters its character gradually and permanently when traced from generation to generation in great tracts of time. Now I am not going to enter on a threadbare discussion of the origin of species in this company; suffice it to say that, while the existence and extensive operation of such a thing as natural selection seems to have been convincingly proved, it is a very different thing to allege that it has been the sole, or even the principal, agent in producing the evolutions of living forms on the face of the earth. So far as anatomy is concerned, it is a secondary matter whether the link between the members of the evolving hosts of life had been genetic or not.

But I wish to point out that, even pushing the Darwinian theory to the utmost possible extreme, the action of external agents infers the existence of something acted on; and the less directly they act, the more importance must be given to the hereditary or internal element. We are therefore presented with a formative force, which exhibited itself in very simple trains of phenomena in the first beginnings of life, and now is manifested in governing the complex growth of the highest forms. We are set face to face with that formative force, and are obliged to admit its inherent capability of changing its action; and that being the case, is it more of an assumption to declare that the changes are all accidental and made permanent by accident or external circumstance, or to consider that it has been the law proper to this force to have been adequate to raise forms—however liable to modification by external circumstances—to raise them, I say, from the simple to the complex, acting through generations on the face of the earth, precisely as it acts in the evolution of a single egg into an adult individual? This is that formative force which has been elaborately shown by Mr. Darwin, in launching his theory of "pangenesis," not only to be conveyed through whole organisms and their seed, but to pervade at all times the minutest particles of each; and I merely direct attention to the fact that its extension over the whole history of life on the globe must be granted, and ask if, in the range of forms which furnish at the present day an imperfect key to the ages which are past, there is not exhibited a development comparable, in its progression to definite goals, with what is shown in the life of a single plant or animal. For my own part, I am fully convinced of a unity of plan running through animal forms, and reaching, so far as the main line is concerned, its completion in the human body. I confess that I think there is evidence that animal life has reached its pre-ordained climax in humanity; and I cannot think it likely that, as myriads of years roll on, descendants differing *in toto* from man will be developed. To argue the subject would be to enter on the largest subjects of morphological anatomy, and on speculations on which agreement could not be expected. Even, however, in the nature of the variations in the human race, there seems to be some evidence that the progress of evolution is to be traced from man, not to other animal forms yet to appear, but, through his physical nature, into the land of the unseen. Those variations, keeping out of view differences of bulk and stature, which appear to have some relation to geographical position, are principally to be found in the head, the part of the body most closely connected with the development and expression of the mental character, and I may mention that when, some years ago, my attention was directed to the variations of the skull, the only part whose variations in different races I have had opportunity of studying with any degree of minuteness, I became satisfied that in uncivilized races there might be distinguished skulls which had undergone hereditary degeneration, others which had reached the most advanced development possible for them, and a third set, notably the Kaffirs, with large capabilities for improvement in the future. Indeed, it is beyond doubt that there is a limit for each type of humanity beyond which it cannot pass in the improvement of the physical organization necessary for mental action. There are also some curious indications in human structure of the formative force nearing the end of its journey. In the details of the skeletons of other animals one sees the greatest precision of form; but there are various exceptions of this neatness of finish in the skeleton of man, and they are found in parts specially modified in connection with the peculiarities of his development, and not requiring exactness of shape for physiological purposes; while, on the other hand, physiognomical mould and nicety of various physiological adaptations are found in perfection. Look at the variations in the breast-bone, especially at its lower extremity, which is never shapely, as it is in the lower animals. Look at the coccygeal vertebræ; they are the most irregular structures imaginable. Even in the sacrum, and in the rest of the column, the amount of variations finds no parallel in other animals. In the skull, except in some of the lowest forms of humanity, the *dorsum sellæ* is a ragged, warty, deformed, and irregular structure, and it never exhibits the elegance and finish seen in other animals. The curvature of the skull and shortening of its base, which have gradually increased in the ascending series of forms, have reached a degree which cannot be exceeded; and the nasal cavity is so elongated vertically, that in the higher races nature seems scarcely able to bridge the gap from the cribriform plate to the palate, and produces such a set of unsymmetrical and rugged performances as is quite peculiar to man; and to the human anatomist many other examples of similar phenomena will occur.

### ON SOME PHYSIOLOGICAL EFFECTS OF VARIOUS DRINKING WATERS.

Mr. W. J. Cooper read a paper on this subject, in the course of which he detailed a number of experiments of M. Papillon on various animals, with a view to test the action of certain phosphates given in distilled water on the bony structure of those animals. The author added: The full importance of these experiments does not seem to have been fully appreciated. It is not only shown that the food which is eaten affects the composition of the bones, but that mineral matter in dilute solution is capable of being assimilated. The experiments are, in fact, experiments on different kinds of artificial drinking waters, and illustrate how profoundly the bodies of animals are influenced by the mineral constituents of the water which they drink. They seem to show that the effect of altering the composition of the water supply of a community might involve questions of vast

importance to the organic structure of the human body, if the very composition of our bones is affected by the quality of the water. If the water contains lime, lime would be taken up, and would appear as phosphate of lime in the bones; if strontia, as phosphate of strontia; if magnesia, as phosphate of magnesia. If by any combination of circumstances these salts should be deficient, the bones would be imperfectly supplied with mineral matter. It is said that such instances have occurred in Holland, in districts where the inhabitants can only obtain rain water for drinking purposes. This fact, probably combined with an absence of lime in their food, occasions a softening and distortion of the bones of the body. By varying a water supply it might be possible to alter the physical organization of a population, and in future ages, from the examination of the bones of bygone generations, the character of the water they were in the habit of drinking might possibly be deduced. So much attention is now directed to organic impurity in drinking water (a defect which can be completely remedied by careful filtration) that the inorganic impurities have been almost overlooked, although there are numerous instances where serious consequences have arisen from the incautious use of deep spring waters. If the entire organic structures of the human body are liable to alteration when excess of mineral matter is introduced into the system, it is essential that health-seekers at these medicinal springs should place themselves under medical supervision. And one of the first considerations in the inauguration of a water supply should be to insure a perfect freedom from excess of any mineral except those comparatively harmless ingredients —chloride of sodium and carbonate of lime.

### THE MORTALITY OF ADOLESCENCE.

Dr. John Beddoe read a paper containing some curious statistics on the mortality of adolescence. One remarkable fact brought forward was the excessive mortality in males of the upper and middle classes, between the ages of 18 and 24, and of females between 12 and 16. In the former he attributed the excess partially to competition and the strain to get a footing in life; and in the latter partially to the want of care, at a critical period, necessary to boarding school girl life.

### INTESTINAL SECRETION.

A second report was presented by the Committee on Intestinal Secretion—Dr. Brunton and Dr. Pye Smith. The report detailed a number of experiments which the committee had undertaken, and which were considered to prove the absence of influence on intestinal secretion through the splanchnic nerves, the pneumogastrics, the sympathetic above the diaphragm or the spinal marrow; and the probable influence of the ganglia contained in the solar plexus, though certainly not of the two semilunar ganglia exclusively. Also the independent occurrence of hemorrhage and of paralytic secretion appeared, in the view of the committee, to point to a separate nervous influence on the blood-vessels and the secreting structures of the intestines.

### THE ORIGIN OF THE LYMPHATICS.

A paper on this subject, by Dr. George and Dr. Frances Elizabeth Hoggan, on "The Origin of the Lymphatics," was read by the latter, and a large series of camera lucida drawings, illustrating the subject, were subsequently described by the former. The paper was merely offered as a preliminary abstract of what could be said on this very abstruse subject; and the authors claimed to have discovered those "ultimate radicles" of the lymphatic system which so many histologists are at present seeking with the greatest skill and patience. Special reference was made to the lymphatic radicles in voluntary muscles of mammals, in involuntary muscles of batrachians, in the skin of fishes; and to the development and condition of lymphatic radicles and of lymphatic sinuses.

### THE ANATOMY OF THE SKIN.

A paper was read by Dr. Martyn, entitled "Some New Researches on the Anatomy of the Skin." The object of the communication was to make known some facts in the anatomical structure and growth of the cuticular layer of the skin. In a recent paper the author had described this with reference to disease, and he now had to confirm the view which those appearances led him to predict, as holding good for ordinary and healthy epithelium also. Twelve years ago, Max Schultze observed that the lowest of the cells forming, in many layers, the cuticle, were often covered with spines or grooves. His brother confirmed this in fishes, and other observers had done so in many diseases of the skin. The subject attracted little notice, and had scarcely even now reached our English text-books. It was in endeavoring to make out the real nature of so strange a structure that Dr. Martyn, by the employment of unusually thin sections, staining, and the highest available powers of the microscope, had discovered that the cells which appeared "spinous" or "echinate," when isolated from their connection, if they could be at any time seen in single layers, were simply united together by delicate bands. These are so constantly seen broken across that they assume the form of tubercles or "prickles." As repeated observations confirmed this, the name "conjoined epithelium," had been proposed for this form or stage in the cell life. These observations, of which drawings were engraved in the number of the monthly *Microscopical Journal* of the present month, were made on cancer of the skin, in which the cells, fortunately, become monstrous. Dr. Martyn was in a position to say that the conjoined epithelium was also to be found in (1) human skin; (2) the front of the eye in the pig; (3) the lips of at least one fish (zeusfaber). The sturgeon was just now under

investigation. The difficulty of making the structure clear, in a healthy animal cuticle was (1) the intense cohesion of those very cells, so that in trying to stretch, one usually breaks the uniting bands, (2) the necessity for using a high power, the one-twelfth. from 800 to 1000 diameters being required to make sure of the nature of the bands. The interest of the subject lay in this direction. All the cells of which living things at any moment consist, were produced by division of a parent either into two equal parts (fissiparous), or by budding off a small bit (gemmiparous). Epithelial cells grow so too, and, in "conjoined" epithelium, we, so to say, catch the division process lingering on. Many cells divide like an hour glass, but here the points are very numerous. Protoplasm, of which cells at first consist, varies constantly in form. as the amœba, or the white blood cell While alive, in a formative sense, it moves. The old outer firm wall, or shell of matter which forms around cells, and which is called cell-wall, has ceased to have this formative life, whatever functional powers it may have. Cells of many striking shapes are found in the organic world, star shaped, spindle shaped, caudate, and so on. In the early discoveries of cell growth, innumerable mysterious vital powers were attributed to cells, amongst which was that of projecting processes, long wandering arms pervading intercellular tissue, or other structures. As Dr. Martyn endeavored to show some years ago, the form of the cell is almost invariably the result of ordinary force. It is a form which the cell is forced to take by the dragging out of the points at which it was in the act of dividing. This idea is now a familiar one, and the conjoined epithelium is a good illustration. A good subject for investigation would be those cases in which cells are covered with ciliary processes, probably from splitting of hardened and formed outer material.

### ON THE PHYSIOLOGICAL ACTION OF THE CHINOLINE AND PYRIDINE BASES.

A paper on this subject, by Dr. J. G. M'Kendrick and Professor Dewar, was read by the former gentleman. The following is an abstract:—"It is well known that quinine, cinchonine, or strychnine yield, when distilled with caustic potash, two homologous series of bases, named the pyridine and chinoline series. Bases isomeric with these may also be obtained by the destructive distillation of coal, or from Dippel's oil, got from bone. Greville Williams has pointed out that chinoline obtained from coal-tar differs in some respects from that yielded by cinchonine. In this research the authors endeavored to ascertain (1) the physiological action of the various members of the series; (2) whether there was any difference in this respect between the members of the series obtained from cinchonine and those got from tar; and (3) whether, and if so, how, both as regards extent and character, the physiological action of these bases differed from that of the original alkaloidal bodies. The bases in both series are difficult to separate from each other; but this has been done, as far as possible, by repeated fractional distillation. The salt employed was the hydrochlorate. This, dissolved in water, was introduced by a fine syringe under the skin of the animal. The action of chinoline was tested on frogs, mice, rabbits, guinea pigs, cats, dogs, and man; but as the effects were found to be similar in all of these instances, the majority of the observations were made on rabbits. The experiments with the other substances were made on rabbits and frogs. The physiological action of the hydrochlorate of chinoline was first examined. Its action was then compared with that of the hydrochlorates of the chinoline series of bases distilling at higher temperatures, including such as lepidine, dispoline, tetrahiroline, etc. In the next place, the physiological action of the pyridine series was studied, beginning with pyridine itself, and passing upward to bases obtained at still higher boiling points, such as picoline, lutidine, etc. Lastly, the investigation was directed to the action of condensed bases, such as dipyridine, parapicoline, etc.; and the effects of these substances were compared with those produced by the members of the chinoline series and among themselves. The following are the general conclusions arrived at:—

1. There is a marked gradation in extent of physiological action of the members of the pyridine series of bases, but it remains of the same kind. The lethal dose becomes reduced as we rise from the lower to the higher. 2. The higher members of the pyridine series resemble in physiological action the lower members of the chinoline series, except (1) that the former are more liable to cause death by asphyxia, and (2) that the lethal dose of the pyridines is less than one-half that of the chinolines. 3. In proceeding from the lower to the higher members of the chinoline series, the physiological action changes in character, inasmuch as the lower members appear to act chiefly on the sensory centres of the encephalon and the reflex centres of the cord, destroying the power of voluntary or reflex movement; while the higher act less on these centres, and chiefly on the motor centres, first, as irritants, causing violent convulsions, and at length producing complete paralysis. At the same time, while the reflex activity of the centres in the spinal cord appear to be inactive, they may be readily roused to action by strychnine. 4. On comparing the action of such compounds as $C_9 H_7 N$ (chinoline) with $C_9 H_{13} N$ (parvoline, etc.), or $C_8 H_{11} N$ (collidine) with $C_8 H_{15} N$ (conia, from hemlock), or $C_{10} H_{10} N_2$ (dipyridine) with $C_{10} H_{14} N_2$ (nicotine, from tobacco), it is to be observed that the physiological activity of the substance is, apart from chemical structure, greatest in those bases containing the larger amount of hydrogen. 5. Those artificial bases which approximate the percentage composition of natural bases are much weaker physiologically, so far as can be estimated by amount of dose, than the natural bases; but

the kind of action is the same in both cases. 6. When the bases of the pyridine series are doubled by condensation, producing dipyridine, parapicoline, etc., they not only become more active physiologically, but the action differs in kind from that of the simple bases, and resembles the action of natural bases or alkaloids having a similar chemical constitution. 7. All the substances examined in this research are remarkable for not possessing any specific paralytic action on the heart likely to cause syncope; but they destroy life either by exhaustive convulsions, or by gradual paralysis of the centres of respiration, thus causing asphyxia. 8. There is no appreciable immediate action on the sympathetic system of nerves. There is probably a secondary action, because after large doses the vaso-motor centre, in common with other centres, becomes involved. 9. There is no difference, so far as could be discovered, between the physiological action of bases obtained from cinchonine and those derived from tar.

Dr. McKendrick also described the physiological effects of various methyl and ethyl compounds of chinoline. He alluded to the researches of Professor Crum Brown and Dr. Thomas R. Fraser on the action of methyl and ethyl strychnia, as examples of a complete change in physiological action being produced by a change in chemical constitution. He and Professor Dewar had found the ethyl and methyl compounds of chinoline to have an action very different from chinoline alone They were found to be much more active than chinoline alone, and to produce effects similar to those of the higher members of the chinoline series. He then indicated the important considerations suggested by this investigation, and said it was not too much to anticipate that the chemist may yet be able to build up compounds having effects resembling those of such valuable remedies as quinine, morphia, etc.

Dr. Pye Smith said it was gratifying to find that so important a branch of science was being investigated by two such eminent men as Dr. McKendrick and Professor Dewar. Some of the bases to which reference had been made would no doubt prove useful medically and physiologically, especially in the latter capacity. With regard to cinchonine, he had made some experiments with it on the human frame, and he was led to the conclusion that the further it was kept from their patients the better it would be. It was certainly cheaper than quinine, but it had many objectionable characteristics. He was glad to hear of the promised advantage of chinoline, which, if realized, would help them out of the difficulties attending the administration of woorara to the mammalia.

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### The Bioplasm of the Brain.

In a late lecture the eminent microscopist, Dr. Lionel Beale, says:—

The very highest form of bioplasm, or living matter, in the world, is that which, as I believe, is concerned in mind, and this attains its highest state of activity not until the age when that part of the nervous apparatus concerned in mental operations has attained a high degree of elaboration. This period cannot be assigned with precision, for it differs in different races and in different individuals, but it is never reached until some time after growth has ceased, and every tissue and organ is fully developed. But it is certainly very remarkable that, as far as I am aware, those parts of man's brain concerned in the manifestation of his highest mental faculties constitute the only structures in nature which continue to improve for many years after the rest of the organism has attained its highest state of development. So also these, above all structures, are remarkable for continuing to improve although many tissues of the body may have been for some time undergoing deterioration and decay.

The anatomical elements which constitute the gray matter of man's brain are well known. Large angular cells, with fibres radiating from them, the longest fibre passing upward towards the surface, near which it divides and subdivides into multitudes of the finest and most delicate threads, which form, with fibres from other cells and other parts, an inextricable interlacement. In this situation, no doubt, all the operations of the mind are performed. But to explain what happens in connection with the structures demonstrated, when the instrument is in active work, is no easy task. From a knowledge of the arrangement and action of the structure, we ought to be able to form some conception, however rough, of what happens when an idea is formed and when it is expressed so as to be rendered evident to others. The facts of the case seem to demand a means by which the mind may act upon the elaborate system of nerve-fibres already referred to. We seem to require an instrument, and the means of acting upon different parts of the instrument as we may will.

It is not easy to conceive by what means the angular cells, which form such prominent objects in the gray matter, could will. That these are concerned in the formation of the fibres is certain, and it is possible that in them nerve-currents may originate, but it is very doubtful whether the bioplasm of these cells is the bioplasm concerned in thought. There are other bioplasm particles, and in enormous numbers, though they do not constitute such prominent objects as the angular or caudate cells. These are little spherical particles of bioplasm, many of which are smaller than a red blood-corpuscle, and are probably connected by communicating fibres of great delicacy. These bodies are situated near the surface of the gray matter, among the ultimate subdivisions of the excessively delicate nerve-fibres. It is to be remarked that in this situation the supply of arterial blood is more abundant than in any other part of the nervous system, and the particles of bioplasm in question, being naked and unenclosed in any cell-wall at any period of life, are just such

as we should expect would undergo rapid change. These are, I believe, the active agents which, by their movements, may act upon the delicate nerve-threads which ramify on all sides, in very close proximity to them. When we examine these particles of bioplasm after death they are spherical; but are we not justified in assuming that during life they may change in form, at least as much as a mucus-corpuscle or an amœba? The slightest alteration in form would influence the current traversing the nerve-fibres that were close to them. These delicate bioplasts are, I believe, during the waking state, continually undergoing changes in form That in some situations they increase in number cannot be doubted, and it seems likely that collections might increase in extent, even long after the formation of the brain had been completed. What is very remarkable is, that these bioplasts retain their primitive characters throughout life.

I dare say few persons will be persuaded to believe that the bioplasts concerned in the highest mental acts of man are bodies not more complex than the lymph-corpuscle or the white blood-corpuscle; but, as I have before remarked, all evidence is in favor of the view that exalted function is not dependent either upon complexity of constitution or upon quantity of material. There are no differential characters to be demonstrated between different forms of living matter having widely different endowments, by which the peculiarities may be accounted for. There may be difference in power not dependent upon differences as regards matter and its forces. May we venture to conclude that *mind* is the form of *vital* power which, stirring in these particles of bioplasm, causes the movement of the matter of which they consist, and that thus the elaborate mechanism, slowly constructed and gradually brought to perfection, is influenced? If this, be so, mind is the highest form of vital power which exists in nature, by which particles of matter are caused to move in a definite manner for a definite purpose.

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### Spina Bifida.

The London *Medical Times and Gazette* says: M. Laroyenne, of Lyons, having related, at the Societé de Chirurgie, a case of spina bifida of the cervico-dorsal region, in a child three months old, which he had cured by means of the elastic ligature, M. Blot observed that these cases require very cautious treatment, as, in all the autopsies that have been made, branches of nerves, or the tissue of the cord itself have been found spread out on the walls of the tumor. Surgical operations in such cases must, therefore, be hazardous, and are the less called for, inasmuch as the tumor often disappears spontaneously, and is sometimes completely cured without any operation. M. Giraldès observed that such nervous expansions are not met with in spina bifida of this region, which may, therefore, be safely operated upon—although spontaneous cure may take place either by obliteration of the aperture of communication, or by fatty transformation of the contents. In the dorso-lumbar region this nervous expansion is observed, and operations there are very dangerous. M. Desprès observed that we may safely operate in cases in which the aperture is so narrow that the fluid cannot be returned to the canal by compression. Tumors which are easily reducible should not be meddled with. M. Hovel, however, has seen cases in which reduction of the tumor was impossible, although the orifice was large enough to admit a quill

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### On the Treatment of a Common Cold.

Dr. J. M. Fothergill says, in the *Practitioner*:—

Rarely is any impression made upon the pyrexia until the action of the skin is excited and the cooling effects of exhalation attained. The administration of nauseant diaphoretics to attain these ends, has been the rule amidst practitioners and housewives. The time-honored antimonial wine has scarcely yet yielded to its rival, ipecacuanha, nor, perhaps, is it desirable that it should. Their combination is good and to be recommended. In adults, iodide of potassium in guaiac mixture forms an excellent combination, especially when the cold is combined with rheumatic pains, or tonsillitis. These internal remedies may be aided in their action by external measures, such as warm baths. With children it is easy to wrap them up in a blanket wrung out of hot water, to enclose them so wrapped in a dry blanket, and to put them into bed. This may be repeated as required, and sufficiently aids the remedies given by the mouth. Measures for giving adults a warm bath in bed are now to be procured at little cost. After perspiration is once induced, there is usually a gradual fall of temperature; but the normal may not be reached for some days. There is a decided tendency to excessive heat-loss after the action of the skin has been established, even though the temperature indoors be above the normal. Experience has taught humanity to wrap up well when passing through a cold, especially when it is breaking. Ere the action of the skin is re-established, the impression of external cold is grateful, but afterward chills are readily experienced. The increase of blood in the heat-losing area permits of rapid heat-loss. When a cold is caught during the restorative period it is usually a fixed one, and not rarely serious illness is the consequence.

When the action of the skin is re-established, it not uncommonly happens that perspiration is profuse, even while the patients wrap up well to shield themselves from heat-loss. This is a troublesome stage in the history of a cold. Here mineral acids with vegetable tonics are

indicated, and perhaps, best of all, dilute, phosphoric acid in cascarilla or cinchona. In the treatment of influenza, vegetable acids along with a bitter tonic should be given.

In the treatment of the bronchial affections which so commonly accompany an ordinary cold, it is not a matter of indifference what expectorant remedy is selected. As long as the skin is dry, and the bronchial lining membrane tumid, and secretion arrested, ipecacuanha with acetate of ammonia is indicated: or a little antimony may be added with advantage. When the skin is once thrown into action and the bronchial secretion also established, then acid with syrup of squills are suitable measures. But it is not a successful plan to administer squill with acids until the skin is moist. When there is a tendency to the free action of the skin, this latter combination in full doses is a useful plan of treatment. Neither is the union of carbonate of ammonia and senega, in severe cases, indicated until the secretion alike of the skin and the bronchial lining membrane is thoroughly established.

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**Spina Bifida Successfully Treated by Iodine.**

Mr. Eate, of the Madras Medical Service, relates, in the *Indian Medical Gazette*, for June 1st, the case of a native male infant a month old. The tumor, the size of a large orange, was situated in the lumbar region, having its summit ulcerated. Although the child slept well, and took nourishment freely, it was emaciated, while the lower extremities appeared paralyzed and the sphincter ani enfeebled. A quantity of clear fluid was drawn off by a trocar and canula, leading to the collapse of the tumor, which, however, was not thoroughly emptied. Two drachms of a solution of iodine, successfully employed in a case by Dr. Watt, of Ayr (iodine, gr.x, iod. pot., gr.xxx, glycerine ℥j), were injected by means of an ordinary syringe, the solution being diffused over the sac by gentle manipulation. The aperture was closed by plaster, and a light lint compress was applied. By the following day the tumor had regained its original size and tension, but nothing was done beyond dressing the ulcerated surface. During the day it gave way over the site of the ulceration, much of the contained fluid escaping, and from that time slowly draining away. The tumor also became gradually reduced in size, and the ulceration healed, leaving a fistulous opening for about twenty-five days. At the date of the report, about five weeks after the operation, the tumor had become a firm mass, with a puckered appearance, about the size of a walnut, and upon which firm pressure can be made without causing crying. The child was much improved in health, and seemed to be recovering the use of its lower limbs. Mr. Eate believes that this is the fifth or sixth time this procedure has been resorted to, and always with success.

# Reviews and Book Notices.

## BOOK NOTICES.

**Cyclopedia of Practical Medicine. Edited by Dr. H. Von Ziemssen. Volume x. Diseases of the Female Sexual Organs. By Professor Carl Schroeder. New York, William Wood & Co. pp. 576.**

This tenth volume of the Cyclopedia appears in advance of the 4th–9th, for a reason stated by the publishers on an enclosed slip, to the effect that the volumes of the German edition are not being issued in regular succession—some of those treating upon subjects of greatest interest having the precedence, although numbered to conform to the plan of the entire work. It has been concluded to follow the same course with this translation; and in compliance with the expressed wish of many subscribers, Volume x, Schroeder's "Diseases of the Female Sexual Organs," is now published. Volumes iv and v will follow.

The present volume is taken up with Schroeder's work. It commences with directions for gynecological examination; diseases of the uterus; menstruation and its derangements; diseases of the fallopian tubes; diseases of the ovaries; diseases of the uterine ligaments and adjacent portions of the peritoneum; diseases of the vagina; and of the vulva. The translators are Drs. Paul F. Mundé, Leonard Wheeler, Edward W. Schaufler, J. Haven Emerson, W. L. Richardson and Edward B. Bronson. They have done their work carefully, and the volume will be found one of rare practical merit. The topic is well illustrated by designs on wood, and a bibliography, full for European authorities, scanty for American ones, is added to the articles. The terminology is not quite so complicated as some later writers have adopted, and the important point of treatment is well brought out. The volume fully equals its predecessors in merit.

THE

# Medical & Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M. D., EDITOR.

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## CHLOROFORM FOR CRIMINAL PURPOSES.

From time to time we have discussed, in the Reporter, the possibility of employing chloroform for criminal purposes. Not unfrequently the daily papers contain accounts of burglars who have effected their thefts in safety by a preliminary chloroformization of the residents. Several times a year we notice reports of felonious assaults on females, which they allege were committed after they had been brought under the effect of anæsthetics; sometimes by a handkerchief held before their nose; once, not long since, by having been handed an illustrated paper to read, on opening which the plaintiff immediately fell into a stupor, because, as she alleged, chloroform had been sprinkled upon the sheet!

We have always maintained that for such uses the employment of chloroform is wholly impracticable. This opinion was based on a somewhat wide observation of the effects of the drug in both healthy and unhealthy subjects, and upon an examination of the evidence on the topic, but not upon direct experiment. We are, therefore, gratified to see that the experimenters who have tested the matter most recently are, without exception, disposed to deny this criminal use of the anæsthetic.

The evidence for and against has been summed up in an article in the *Vierteljahrschrift fur Gerichtliche Medicin*, (Bd. xxiii, 1 Heft), by Dr. Winkler. He calls attention to the fact that as early as 1850, Dr. Snow, of London, an investigator of rare merit, combatted the opinion, then very prevalent in England, that crimes would be facilitated by the discovery of anæsthetics. In spite of his efforts, the possibility of such an offence was recognized the next year, in the English "Prevention of Offences bill," passed by Lord Campbell's ministry.

There would seem to have been undoubted instances where burglars have used chloroform. At least, there have been known cases, one a few years ago, in the northern part of this city, where a house was robbed, and the odor of chloroform was distinctly perceptible in the chamber of the residents the next morning. They said they had been narcotized. On the supposition that this statement was untrue, it may be that the burglars actually did try this means, emptying a vial of chloroform in the room, in the belief that thus the inmates would be anæsthetized. The clause in the Prevention of Offences bill would lead them to believe this would be efficient. Another surmise would be that the inmates robbed themselves; that, in detective slang, the burglary was a "put up job," and the chloroform a "blind."

Dr. Winkler says that nowhere in Germany, in which country forensic medicine is most carefully studied, has a single instance of such criminal use of chloroform been reported. Dr. Stephen Rogers, of New York, in an article noticed in the Reporter in 1871, distinctly repudiates the possibility of the crime. Still later, Dr. Dolbeau, of Paris, brought a series of original experiments on the subject before the

Parisian Société de Medicine Legale. What prompted him to it was the old charge, preferred against a young man by a girl, that he had chloroformed her during sleep, and violated her. Dr. Dolbeau tried the experiment on dogs, men and women, in health and in sickness, with and without the previous administration of a narcotic. The general result is that with the greatest caution, with absolutely pure chloroform, and by very slow degrees, a few persons, those who are especially liable to the prompt effect of chloroform, may be anæsthetized during sleep. Such a conclusion means, that for the ordinary purposes of the burglar or felon, chloroform is much more dangerous to him than to his victims, for with the greatest care, he would wake them in the large majority of cases, and this greatest care could only be exercised by a skilled administrator of chloroform.

This conclusion does away altogether with the allegation that it is possible to employ it for such intents, and any persons proffering such an explanation of a robbery or rape, throw themselves open to a very well-founded suspicion of being a particeps criminis.

In this discussion, those cases where alleged violation has taken place on persons under the influence of the anæsthetic, do not come. Such a crime is very possible. No physician should consent to anæsthetize a woman without the presence of one or two witnesses. The peculiar susceptibility of some females to orgastic sensations of a subjective nature is too well-known to be disputed, and too common for a practitioner to overlook in taking precautions for his own good name.

## Notes and Comments.

### Notes on the Chemistry of the Urine.

G. Schleich, in the *Journ. für Prak. Chem.* (N. F.), x. 261, gives the results of the comparison of the method for the determination of urea by sodium hypobromite, with other methods of determination.

A. P. Fokker (*Archiv. f. Physiologie*, x 153), suggests a new method for the determination of uric acid, depending on the fact that ammonia produces an insoluble compound with uric acid in an alkaline solution.

F. A. Falck, in the *Berichte d. Deutsch. Chem. Gesellsch.* viii, 12, adapts the volumetric method of Volhard for the determination of chlorine to the determination of chlorine in the urine, which, as is known, depends on the property of silver chloride not being decomposed by a sulphocyanide. Ammonium sulphocyanide and a ferric salt is added to the solution containing the chlorine as a neutral chloride. The standard solution of silver nitrate is added, until the blood red ferric sulphocyanidé is decolorized by the formation of white silver sulphocyanide. The amount of silver solution used indicates the amount of chlorine present, plus the amount of sulphocyangen used in the end reaction; this latter amount of silver is determined by the addition of a standardized ammonium sulphocyanide solution, and the difference indicates the amount of chlorine. J. Jr.

### Remarks on Consultations.

A correspondent observes, with considerable justice, "In the country and small towns a consultation generally means that the patient or relatives, or both, have become dissatisfied with the treatment of the attending physician, and, on this account, seek the aid of another. The consulting physician is commonly well aware of this, and seldom fails to improve the opportunity thus offered, to injure the attending physician. He usually criticises him, and takes the case. If the patient recovers, he claims to have made a cure; if the patient dies, his excuse is that he was called too late. Should the consulting physician not do this, he will, at least, leave the impression that the case has not been properly treated."

## Correspondence.

### FOREIGN.

#### Letter from Vienna.

Vienna, Aug. 25th, 1875.

Ed. Med. and Surg. Reporter:—

The Summer semester of the Medical Department of the University of Vienna has not been marked by anything special in any of its numerous departments. The warm weather,

which came so unseasonably and lasted through the month of June, seemed to act so oppressively that both professors and students made a simultaneous rush for the country. Several important changes, however, have taken place in the Faculty. Drs. Moritz, Kaposi, Isidor Neumann, Leopold Schrötter, Karl Störk and Henry Ausspitz were created *Ausserordentlichen Professoren*, and will continue to lecture and give courses.

Professor Rokitansky resigned his chair, as the following farewell address will show:—

I have taken the liberty of translating and sending it in full. It is particularly valuable, and characteristic of the great professor.

This address was delivered in the amphitheatre of the Pathological Institute of the University of Vienna, July 16th, 1875.

"Most Illustrious Assemblage:—After having yesterday closed my course of lectures with a consideration of the anomalies to which the human brain is subject, I find myself at a very momentous and serious occasion. Were I individually not cognizant and appreciative of this fact, the deep sympathy which has assembled you in this auditorium to-day would have made me so. I see assembled before me the corporation of students, as well as colleagues and friends of both early and more recent days, and I thank you all most heartily. It is this that causes me to hope that you will hold me, as well as my efforts, in lasting remembrance.

"I resign, gentlemen, at a period later than that provided for by legal dispositions;* for the bell whose stroke marked my seventieth year did not check me, as you know, either in my course or in the performance of my duties; for I continued the same, in a manner comparable to the inertia of dead matter, for a considerable time beyond the point mentioned; and this, as I must candidly confess, with undiminished love for my office as teacher, and for you as my disciples.

"I further cease to belong to the class of active officials, and now join the well-known order of pensioners, a group whose nature and position have not yet been defined with precision, by either descriptive zoologists or physiologists. Yet this group possesses some well marked characters; they are, in the first place, incapable of work; in the second, they are tired out with work; and lastly, perhaps, possess a decided dread of work; then they become mere consumers and seekers of pleasure, in order to make up, if possible, for that which they missed during their more active period. These are qualities at the same time noteworthy and demonstrative of the fact that this class is not free from its peculiar dangers.

"Notwithstanding all this, I do not propose to leave work altogether. It is true that I cease all communications with the academic body, but should not like to do so without leaving a legacy. You are all aware that each generation bequeathes its conditions, whatever their nature, its problems, and solutions of other problems, to the next generation; and what more noble heritage could I make over to this body than rich food for thought and reflection? With this, I turn more particularly to you, most honored corporation of students.

"Parting as you and I do does not necessarily signify that we intend to separate altogether, but it might mean that I should not pursue the identical path to a certain goal with you, or rather, that I must relinquish the leadership, and either compulsorily or voluntarily remain behind in the journey, to see you disappearing gradually in the distance, under another's guidance. This may have its import, but only a true one. We are all borne by a great common current, in which many sub-currents flow clearly and smoothly, together with the dashing foaming currents of the masses, mutually striving for the mastery, all running turbulently along, all finally flowing into the great, quiet, general current, comparable only to the smooth, all receiving, all quieting ocean.

"Gentlemen! Age naturally occupies a high standpoint, affording a comprehensive view of all around. Yes! In the knowledge gained through years of unremitting labor, not only in one specialty but also in general social communications, it finds it is justified in looking even into the future; consequently, that which Ranke says of those spiritually living, that they are more fascinated in general ideas than by minor interests, can well be applied to old age. Thinking as I do of my leave taking, and my farewell speech, it seems that I owe you who are pursuing the road opened by the irresistible advance of new ideas, not only a sentimental farewell, but should also unbosom myself before you in other respects.

"Firstly, with reference to the science which I have represented, I would like to repeat what I have said on another occasion: "I have, fulfilling the requirements of the times, obtained for Pathological Anatomy so powerful a recognition in German science, and engrafted it to such an extent on the curriculi of medical science, that I can designate it a foundation for a Pathological Physiology and for all scientific investigations in medicine. On the other hand, I consider it appropriate to open before you, on whose minds the academic career has laid its impress, a vista of the chief direction of ideas in our time

"Gentlemen! Two things characterize our time: first, the increasing demand for knowledge and the endeavor to keep it free from everything that is not pure knowledge. Second, the tendency of the development and the bringing forward of invidiuality, after having obtained a field for supervision by means of previous ability and knowledge. In times of yore this was the function of simple, clearly and deeply thinking minds; at the present day all are the subject of a universal aim. One as well as the other involves a contest; the first the defence of

* According to law, a Professor resigns his position on attaining the age of seventy. Should it be considered desirable to retain him in office, his resignation is not accepted.

a well regulated administration of the intellectual economy of the individual; the second, the aggressive contest of individuals against each other, the contest for the foundation and preservation of a vocation either professionally, socially or officially.

"Individualism is a function of the individual. It needs at the present day no laborious study to arrive at the conclusion that in the individualizing of organized material the possibility of progress exists. While looking at creative nature, we find that occasionally productions pursued erratic courses, forming individuals who, on account of the inappropriate combination of their component parts, perished sooner or later; this is a necessary consequence of the possibility of contradictions occurring in the course of a development from lower to higher organisms, by the necessary rivalry between badly developed individuals and contradictions resulting from the others. If we now aim for the development of our individuality in the manner pointed out, we obey an instinct, an inborn feeling of right, and if this feeling has become general in recent times, only so this finds its cause in the appreciation by the individual of his mental capabilities in general, and of the signification of the natural sciences more especially. This again is due to our control of the Natural Forces. The necessary presupposition for the carrying out of this right is the tendency to freedom, and this makes its appearance in our day as a contest for religious and political freedom; freedom in science and investigation, in art and in the arts, etc.; in short, for freedom of the individual in all directions. In this way every organic existence has its rights as such. This is often objected to, but in vain, in trying to oppose so-called inborn duties to these rights. Duties, obligations and customs are things, of themselves, the result of the mutual exercise of this right.

"The principal form in which all strife of the individual manifests itself, is in a strife for property, for material and for mental property, and for the performance of the rights and claims which it has gained, by its own labor and by a waste of its own substance, as individual, unalterable rights. This alone goes to show that the essential nature of the individual desire for freedom is, in its essence, a desire for freedom of labor, and that the individualism of our day is based upon the demand for the vocation to the character of the individual. Here the vocation is a development of the individuality itself, as well as the possibility of the increasing improvement, by which the individual gains a recognition for its vocation.

"As various as the directions in which individuality becomes developed in the process of obtaining *gain*, so numerous are the forms which it may resume in the method of appropriating this *gain*. In this we find differences which characterize the innermost path of the individual, and which, in their extremes, on one side are called high-mindedness, on the other moral obliquity.

"Gentlemen—In your labors in the field of science you have gained a certain amount of individual property, which property forms the weapons with which you are to enter the arena of life. When an individual has gained any important position by intense work, he has necessarily reduced the importance of some other individual's position, or driven him out of the field altogether. To maintain the position once attained, as well as to increase it, the individual is forced to rely on his new exertions as well as progress in general; consequently, any development in itself challenges contest. In this contest, conservativism may often temporarily gain the day, by some over-flooding reaction, but progress the more surely, sooner or later, leaves the contest as victor, and is naturally a merciless victor. No one can stand aloof from the battle. Whoever is not well armed for it must sooner or later perish. Conduct your contest with honest weapons, and always bear in mind that the fair battle is to the one condition, for the ennobling of posterity, and if you cannot stand at the head of progress, you can, at least, stand by its side.

"Although no one can doubt the justness of these conditions after what has been said, certain contradictions and a certain stern reality are not to be denied. The severity of individualism has always been recognized, and endeavors have never been wanting to relieve this. There is one morbid condition caused by individualism; that is, self-conceit, which manifests itself in vanity, and in a desire to make itself known by external marks of importance, and allows itself to be carried away in noisy demonstrations, which public opinion, if worldly disposed, at least, ignores, and ultimately passes over, to deal with matters of actual importance. It is given to few, even if possessed of the most overpowering individuality, to employ the same as precisely, in such a characteristically antique fashion, as Phryne did before the assembled judges.

"Gentlemen—I do not hesitate to assert that we are standing on the threshold of an abuse of individualism, the so-called modern individualism. The same is degenerating to a worship of individualism, on the grounds of a limited realistic acceptation of the individual character, and which acknowledges the most inconsiderate egotism and the pursuit of success, without reference to ways or means. Could it be wondered at if science, thus far reveling in the enjoyment of true freedom, were to be surprised by a reaction, even while opposing this tendency with a feeling of moral indignation?

"Gentlemen—I think you will agree with me if I adduce the endeavors in the cause of the emancipation of the sex to individualism. When nature separated, individually, sexually, she created two factors, equal in value but not in kind, which were calculated to mutually compensate each other. Man instantly comprehended this. It is true that I have a sympathy for all progressive ideas and liberal tendencies, but I object to all such as are calcu-

lated to enable woman to compete with man. If anything is calculated to put the two sexes in inimical relation to each other, it is the arming of woman for that contest in which we all are engaged against each other.

"The interest is a natural one which raises the question as to what influence intellectual progress, especially in the domain of the Natural Sciences, has had, and will have, upon social order. Here it is quite patent that profound changes are preparing to take place. In depending, as we do at the present day, more upon our scientific convictions, and, on the other hand, less on that dogmatism which asks so much from reason but concedes so much in other ways, we discover that morality seeks its proper foundation in the intellect. First, we see the view gaining the upper hand that man lives in a world in which a pitiless law of the natural forces reigns; a law beyond which there is no appeal; that he cannot pray for any occurrence which is to benefit himself or to injure others; that he performs all his actions himself, and alone bears the responsibility. Then we see the knowledge gaining, that on the one side the universe is ruled by nature, on the other side that man is nothing more than a lesser reality in this nature; that he stands in connection with all these things, and that only in moments of dejection or conceit can he flee therefrom.

"Work is the only admissible mode of contest between individuals. The division of labor which is a necessary result of the concentration of great labor marts and wholesale production, has become the cause of a difference in the kind of labor, as well as in the exertion and waste of the labor, and finally, also, of the profits of the labor. Let me here sing the praises of that kind of work which, by means of the mental labor employed in the same, is elevated beyond all material compensation, which can never be sold, which has banished despotism and superstition, and which has made the individual what he is, by making him depend upon himself, and raising society to a level whose solidity is founded upon the mutual respect of its component members.

"In addressing you as disciples of the University, I have reference to profitable knowledge as well as to questions of general interest; your academic training, your clear emancipated knowledge, furnishes you with all the requirements of adequate development of individuality. It is your duty to enlighten the minds of those with whom you come in contact, by word, deed and example. You can, from that which has been said, abstract a rule for the guidance of your actions, and obtain a recognition of it.

"Beyond all things, you must maintain the cause of right, and not swerve from it in the least, remaining firm to the conviction that even the slightest laxity in the moral tone is injurious to the individual, diminishes the value of his labor, corrupts the sense of rectitude of others, and finally threatens the very foundations of social order; while strictly opposing any erratic tendencies in this direction, both in yourselves and others, you should still retain a warm fellow feeling, and make allowances where a rigid adherence to right alone might lead to sternness. Permit me further to add a few serious words in the practical application of your academic labors; as, in the course of this practical application, they frequently run the risk of losing their dignity. First and foremost, *never allow such work to lose its essential academic character; never allow it, degenerating, to become tradesmanlike; finally, never allow it to lose the stamp of refinement, or to lack its characteristic ingredient, the laborer's ethical identification of his work.* In your proper sphere, your battle for success must be fought in the fair field, and after achieving your end, never diminish your zeal. When the demand for your work and its price increases, resist firmly the temptation of losing sight of the whole field of your vocation by ignoring the theoretical sciences.

"Then, finally, gentlemen, I tell you, who will not be free from afflictions, that by misfortune an elevating influence is wrought upon the individual. Yes, that even bitter want, the darkest side of life, may become the dawn of a higher wisdom; as the poet says, in the Manfred, "sorrow is knowledge."

"Now, gentlemen, I must take a last farewell, but shall never forget nor lose sight of you. May you, as I am drifting towards the great silent ocean, remember me kindly."

Prof. Herchl, of the University at Gratz, a former assistant of Prof. Rokitansky, has been selected to fill the chair just vacated. The next semester begins October 15th. 1875. Several improvements on the Vienna Hospital grounds are deserving of notice. In the central walk, a handsome stone fountain is being put up, for the benefit of the patients and their visitors. On the left side of the first Hof, opposite the wards of Prof. Billroth, a pedestal, with the bust of the late Prof. Selm, is in the course of erection. When visiting the unique collection in the Pathological Museum, now contained in the new Pathological Institute, I noticed an excellent white marble bust of Prof. Rokitansky, which the workmen were unpacking. It is the gift of the faculty and students, and as it is an excellent likeness, it will ever be an object of universal interest. Yours, etc.,

CHARLES S. TURNBULL, M. D.

## NEWS AND MISCELLANY.

### The New Building of the Medical Department of the University of the City of New York.

The inaugural opening of the new building of the Medical Department of the City of New York took place on the 13th of September. Prof. Charles Inslee Pardee, the Dean, delivered the opening address. The new edifice is situated on East Twenty-sixth street, opposite the entrance to Bellevue Hospital; it is four stories

high and basement; has an elevation of 70, a frontage of 60, and a depth of 100 feet, and is built of Philadelphia brick with Belleville stone trimmings. The style of architecture is Italian Gothic. The door-piece is likewise of Belleville stone, handsomely carved, having polished columns of Tennessee marble for its support, which are adorned with Gothic capitals. The ventilating and heating (steam) apparatus are of the most approved methods. The hall on the first floor is 16 feet wide by 100 feet in length, and is marble tiled; at its end is a broad and massive staircase leading to the lecture room. On either side of the hall are the Dean's office, reception room, museum, clerk's office, and janitor's apartments; next to the reception room is a private stairway leading to the front part of the second story, which contains the Faculty waiting and private rooms, the patients' waiting and examination rooms, and the laboratory. The rear of this floor is occupied by the lecture hall, which likewise takes in the rear of the third story; it is 50 by 60 feet, and 30 feet in height; it has a seating capacity of 500. The third story is devoted to the private laboratories of the professors of physiology and chemistry, and to private rooms for the use of the members of the post-graduate and auxiliary Faculties. On the fourth floor are the students' laboratory and the general dissecting room, besides which are private dissecting rooms for the professors of anatomy and surgery, and the cabinet of electricity. The dissecting room has an area of 3000 square feet, is well provided with closets, and contains forty tables, thus allowing 200 students to dissect at the same time. A room is also provided in the building for ophthalmoscopic and laryngoscopic examinations, and for the use of the spectroscope. The cost of the building is $60,000, the value of the site $40,000, and the cost of scientific apparatus and instruments $50,000. The architects are D. & J. Jardine, of New York.

—A medical observer in Japan writes that the cheekbone of the Japanese is double, in many cases, instead of being of a single structure. The additional bone is united to the other by a suture, and is believed to be peculiar to the Japanese race.

## QUERIES AND REPLIES.

### Compound Tincture of Catechu.

*Dr. J. F., of Ky.*—This is officinal in the Dublin and London Pharmacopœias.

| | |
|---|---|
| Take of Catechu, coarsely powdered, | 4 oz. |
| Cinnamon, bruised, | 2 oz. |
| Proof spirits, | 2 pints. |

Macerate 14 days, express and strain.

### Stomatitis Materna.

Keep the bowels regulated by the use of saline laxatives, and place the patient upon iodide potash; or, if much emaciation and debility exist, I prefer syr. iod. iron. As a wash, I use a saturated solution chlo. potash, acidulated with mur. acid, and a similar solution of borax, slightly colored with mur. tinct. iron. These I direct to be used every two, four, or six hours, pro re nat., alternately. The best plan is to begin with a weak solution, and strengthen it as the parts become accustomed to it, or the disease yields. As domestic remedies, I know of no washes better than a pretty strong decoction of the bark of the root of white sumach, or of the bark of the wild plum, sweetened with honey This treatment, with nutritious diet, will, I think, subdue the disease in most cases. If there be carious teeth, creating irritation, extract them.

Respectfully, D. C. M. CAMPBELL.

*Near Tyro, Miss.*

## OBITUARY.

### DR. R. H. SHEPPARD,

Of Eureka, Ill., was drowned on the night of Sept. 2d, in Farm Creek, near Peoria. He was returning home from the funeral of his wife's father. Dr S. was a man of large Christian heart, and a successful physician. He leaves a wife and aged mother to mourn his loss. His age was 32.

## MARRIAGES.

ANDREWS—DIXON.—On the 15th inst., by the Rev. P. V McDermott, Thomas H. Andrews, M. D., and Emma T., daughter of Joseph E. Dixon, all of Philadelphia.

BATES—WARREN.—On Thursday, September 16th, 1875 at the residence of the bride's parents, Bangall, Dutchess County, New York, by Rev. G. H. Gregory, of this City, Xyris T. Bates, M. D., of New Lebanon, and Emily A., only daughter of Andrew Warren, Esq.

HIGGINS—FITZSIMMONS.—Tuesday evening, September 21st, by Rev. William Greenough, Mr. J. Mitchell Higgins, M. D., and Miss Josephine V. Fitzimmons, both of Philadelphia.

RISHER—WHITE.—Tuesday evening, September 14th, 1875, by the Rev. E. McHugh, at the residence of the bride's mother, Cincinnati, Mr. A. C. Risher and Miss Dora White, daughter of the late Dr. Horace B. White.

## DEATHS.

BRADFORD.—At the Burnet House, Cincinnati, Elliott C. only child of Dr. T. C. and M. A. Bradford.

FLINT.—At La Union, Salvador, on the 17th of last August, Dr. John Felix Flint, U. S. Consul, in the 45th year of his age, oldest son of M. S. Flint, of Montgomery county, Pennsylvania.

KRACKOWISER.—Thursday, September 23, 3 P. M., at Sing Sing, Ernest Krackowizer, M. D., in his 54th year.

SHELMERDINE.—On the 14th inst., at the residence of her husband, No. 832 N. Tenth street, Philadelphia, Eliza, wife of Dr. Robert C. Shelmerdine, aged 72 years.

STILES.—In Windsor, Vermont, August 31st, Dr. J. N. Stiles, aged 62 years.

WEEKS.—Suddenly, on Monday, September 20th, Dr. Cyrus Weeks, in his 69th year; for over forty years a practicing physician in New York City.

THE

# MEDICAL AND SURGICAL REPORTER.

No. 971.] PHILADELPHIA, OCT. 9, 1875. [Vol. XXXIII.—No. 15.

## Original Department.

### Communications.

### CONSERVATIVE GYNECOLOGY.

BY HELEN BETZ, M. D.,
Of Youngstown, Ohio.

Read before the Union Medical Association of Northeastern Ohio, and recommended for publication.

Those present at the last session of the State Association could scarcely fail to note the prominence given, in therapeutical discussion, to prophylactic treatment. This certainly is a distinguishing feature of the medical mind to-day. And it is not by scientific bodies, or by physicians only, that this fact is manifested. The energetic efforts of Sanitary Committees and Boards of Health to prevent the incubation and dissemination of disease-germs, as well as the tireless searchings of microscopists and chemists for knowledge of the ultimate nature of pathological causes, form a most gratifying index to the direction in which our beneficent art is progressing. Achievements in this department justly mark an era.

All diseases are not caused by occult foes, against which we hold no weapon for intelligent combat. Prof. A. F. E. King, in a late popular journal, corrects a prevalent but erroneous idea on this subject; disease is not "necessarily a separately existing entity; a thing independent of the body and inimical to it;" in many, indeed, in a majority of cases, it is proven to be not a factor, but the product of two factors. Especially is this true of the class of diseases with which the gynecologist has to deal. These two factors are, first, agents acting upon the organism from without, or through the mind; second, the response of the organism to these agents. The third member of this vital equation, the product, is functional derangement, and finally, structural change, or disease.

The first factor, external agents, may include heat, cold, moisture, voluntary movements and attitudes. These are chiefly agencies in the production of those thousand ills which make up the uncoveted heir-loom of the mothers and daughters of the nineteenth century. Though cancer, fibroids, and other growths, as yet, defy the interrogations of the pathologist, the histological researches of Virchow, Billroth, Rokitansky, and others, make the conjecture probable, that these too are but the response of the cell to an external stimulus, causing an abortion or perversion of its primative tendency, and an increased proliferation. However this may be, these cases form a small proportion of those which daily occur in practice. Other abnormal conditions—congestions, hypertrophies, prolapses, versions, flexions, and their distressing sequela—are purely the result of causes which the intelligent patient holds completely under control.

It is sad to face all this distress and consequent unhappiness, and call it so much voluntary penance, but it would be sadder still, did we not know that the whole category of disease is completely amenable to conservative treatment.

It is in this department of therapeutics that the term conservatism finds its widest application in its original significance. The servant of nature acts ever on the defensive. The remedial agents used unite to defend, to guard, to

preserve, to protect, in short, to conserve. They defend symmetry of form and natural position of organs; they guard against irritation and abnormal blood-supply; they preserve equilibrium between external and internal forces; they protect integrity of tissues; they conserve health.

Prophylaxis should sustain a position as important in relation to gynecology, as does inoculation to treatment of specific blood-poisoning. The physician's duty does not begin with the treatment of already incurred disease; to the patient, to humanity, is due the knowledge which would prevent its occasion and development. In many cases, obviously, this mode of treatment is impracticable. The self-made sufferer is your patient before you have had a chance to influence her former life. But even in these cases, the conservative measures she may employ herself, after faithful, intelligent instruction, will prove of much greater importance and real curative value, in most cases, than any service the physician can render.

Many say that such advice is useless; that disease results from careless and willful disregard of known laws. A short experience, but an ample chance for intimate knowledge and observation of women, has strongly established the belief that four fifths of the patients applying for aid are the victims of simple ignorance. Daughters, and, indeed, mothers, show a lack of understanding of ordinary physiological and pathological causes which is alarming. They innocently confess to repeated violation of the laws of health, assuring you, with an earnest unconsciousness that verifies the statement, that no one ever said to them that such a habit was hurtful; that this mode of dress would prove injurious, or that course of diet would induce indigestion and consequent malnutrition and debility; that prolonged labor and exercise, without regard to physiological conditions, would bring in their train a list of gloomy ailments, and lay the foundation for chronic invalidism.

Committees and individuals are not so lax in the discharge of duties of analogous importance. For instance, health boards are learning that sewage and drainage are two matters of separate and equal importance; that pavements affect not only facility in locomotion, but the purity of the air above them; and that those which allow interstitial filtration and retention of fluids are hot-beds of zymotic disease. The careful housekeeper, happily possessed of some knowledge of the efficiency of disinfectants, arming herself with chloride of lime or sulphate of iron, attacks drains and cellars, and thus wards off from her household fearful probabilities of sickness and death. Even the rosy, careless school girl believes in prophylaxis. Proving her faith in Jenner, she bravely acts up to her little fund of knowledge, and bares her sensitive arm to the checkering lancet. All this caution is most commendable, and as it should be, but it ought to be supplemented by more still, of a rather different nature. The wife and mother, laudably careful and vigilant with disinfectants and flannels, is at the same time trespassing physical laws, which will demand, in restitution, a lifelong penance, not only from herself, but from her children and society. Upon herself she brings, not always acute pain and sudden death, but what is worse, a dragged, harassed existence, years of physical and mental imbecility; to her household, of which she has been light, order, help and good cheer, she becomes almost a burden, a sensitive, irritable, inefficient invalid. Her children, to whom she ought and intends to give her life's best powers, and giving, thus enrich herself—these treasures, so full, to her, of rich possibilities—inherit fragile, enervated constitutions, with vitalities dwarfed and exhausted by pre-natal robbery. The provident school girl, by vaccination, averts a disease which might disfigure her face, and yet leave her mind and body healthy and vigorous, but she, daily and without remonstrance, either from parent or physician, disregards laws, the violation of which will transform the elastic, cheerful, clear-headed girl into a nervous, hysterical hypochondriac.

But this change is not the work of a day or a year. Nature gives many significant signals of impending danger, which the observant, disinterested physician will quickly recognize, and interpret to the unsuspecting, and, without seeming officious, make it the occasion for counsel which may save years of suffering. Family physicians have it in their power thus to ward off from prospective patients serious evils. The overtaxed mother or the thoughtless girl comes for relief from some slight ailment. To the uninitiated complainer it seems trivial, and means only present inconvenience; but to the trained eye of the pathologist it is as significant as a hectic flush or a granular tube-cast. It is much easier to give a prescription, merely,

which will only postpone an augmenting evil, instead of faithfully dealing out fifteen or thirty minutes' sober, warning counsel; *but, is it right?*

Each day's experience impresses the belief more firmly that the most important part of the physician's duty is not to prescribe or apply remedies, but to inform and teach—then patients cure themselves. A large proportion of those who come expecting a thorough course of medical treatment will make good recoveries on adopting a rational *regime* of diet, dress and exercise. Nine out of ten have no support to the clothes save the hips. A still smaller proportion ever think of postponing any work, or amusement, or exercise requiring prolonged exertion, on account of physiological conditions requiring moderation. As a proof that patients are sincere in their ignorance, it must be confessed that, as a rule, they follow faithfully the instruction given.

It is true that this mode of benefiting womankind does not meet with the praise and eclat which the so-called cure of some desperate case elicits. But the consciousness of having prevented suffering, instead of allowing and then relieving it, will be, to the true physician, the highest reward.

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## NOTES ON PRACTICE AND NURSING IN THE NEW YORK SMALL-POX AND CHARITY HOSPITALS.

BY G. O. MORRISON-FISET, M.D.,
Of New York City.

During the epidemic of small-pox, of 1871, '72, in New York, the Board of Health, through its corps of vaccinators, so thoroughly performed its work that the disease ceased to spread, and the number of cases in hospital steadily diminished, until it became practically extinct. From the neglect of the health authorities to continue their attention to thorough vaccination, small-pox again began to manifest itself, and in the Fall of 1874 the disease appeared with its former force. Vaccination was again thoroughly practiced. and at the present time, when, under ordinary circumstances, it should increase, it is on the wane.

The Board of Health assumed control of the small-pox hospital at the beginning of the present year, and appointed Drs. Delany and Daly to take charge of it.

Of the varieties of small-pox generally described, viz., the discrete, semi-confluent, confluent and hemorrhagic, the last named seems to have received but little attention, owing, probably, to its severity and fatality. As an aid to its diagnosis and prognosis, a few remarks may be useful. It is composed of two classes, namely, the hyperæmic and purpuric. In the hyperæmic variety the eruption is mostly always confluent, and has a dusky red appearance, never going beyond the papular stage. The hyperæmia is not confined to the papules, but is diffuse throughout the skin between them. The papules are broad, and have but an indefinite individuality, being scarcely raised above the hyperæmic derma, thereby closely resembling the eruption of malignant measles. The symptoms that usher in this class of variola are essentially mild, often there being scarcely any fever present previous to the appearance of the eruption. Death usually occurs on the third or fourth day of the disease. In the purpuric form the eruption may be discrete, semi-confluent or confluent. It is only when the eruption has attained the secondary stage that a hemorrhagic exudation takes place, into the fully formed vesicle, which then assumes a purplish or venous color; this may be general or may be confined to a few vesicles; it is dependent upon a purpuric condition of the system. The prognosis is always bad in the hyperæmic form, as no cases have ever been known to recover, while in the purpuric variety (like in small-pox generally) it depends upon the severity of the constitutional symptoms, and the nature of the eruption, and is not necessarily fatal. The eruption of small-pox usually appears on the third or fourth day of the disease, and frequently invades the palpebral conjunctiva and mouth. Keratitis is quite common. The fever of suppuration takes place about the eighth or ninth day of the eruption, or the eleventh or twelfth day of the disease, the temperature at this stage reaching a very high grade in the evening; in one case, especially, the thermometer indicated 107° Fahrenheit; this patient recovered. Death at this stage is usually due to asthenia.

As to complications, pneumonia has been quite common and fatal; septicæmia, in many cases, has developed during apparent convalescence, as indicated by chills, high temperature, and the appearance of small abscesses upon the surface of the body; hemorrhages from the

mucous surfaces of the mouth, nose, bronchi, rectum, uterus and vagina, have not been unfrequent. Delirium is not an uncommon symptom, but if it lasts longer than a day or two, and is violent, the prognosis then becomes doubtful. In the earlier months of pregnancy abortion always occurs if the disease be of a severe type; if, on the contrary, the pregnancy is far advanced and the disease mild, the prognosis regarding a full-term child is good.

According to observations taken in this hospital, it has been found that, as a rule, *primary* vaccination is of no value as a preventive. Persons who had been vaccinated during childhood, and in some instances, children who had been vaccinated three or four years before, were attacked with variola confluens; in one case, that of an adult, the disease appeared two months after revaccination. All these patients showed good vaccinal cicatrices on their arms. Revaccination should be urged at intervals of at least every three years. The fact of having had small-pox once, does not preclude the possibility of subsequent attacks; three or four patients have been received in this hospital since the beginning of the year, who had had small-pox for the second or third time, as shown by previous cicatrices. A large proportion of non-vaccinated children recover from the disease, which is contrary to the observations of Mr. Marson, of the Small-pox and Vaccination Hospital of London. A remarkable feature of the mortality of small-pox in this hospital was, that up to last February it had been twenty-nine per cent. At that time the Board of Health requested the Sisters of Charity to take charge, and Sister Mary Thomas, with seven associates, were assigned to the duty. Previously, the nursing, etc., had been delegated to hirelings, and the institution fell into marked disrepute, but since the Sisters have been in charge, the mortality has fallen to between twenty-four and twenty-five per cent. with complications, and twenty-two per cent. without. The death rate has been greater among colored people.

*Treatment.*—The treatment in this disease is expectant and symptomatic. When the delirium is violent, the straight jacket has to be used; chloral seems to increase its violence, while opium seldom does so; bromide of potassium has given the greatest satisfaction; it is administered in forty-five grain doses every two hours until sleep is produced; when the patient awakes, whisky, in ounce or half ounce doses, is then given at the same intervals. Alimentation (principally a milk diet) is of great necessity throughout the course of the disease. Stimulation is mainly relied upon during the secondary fever; quinia and salicylic acid have been given, but with no favorable results. Cases of threatened abortion or premature delivery are treated with opium. Poultices and tinct. of iodine to the face have been tried, to prevent pitting, but a forty-grain solution of nitrate of silver is now used altogether. Collodion has not been tried.

### A New Training School for Nurses.

A school for nurses has been established in Charity Hospital, since last August, under the direction of Dr. D. H. Kitchen, the Chief of Staff. All the wards (except the male venereal) are under the care of the new nurses, of whom there are twenty-eight. The maximum number received will be forty. Lectures are delivered by the members of the Medical Board and by the Chief of Staff, three times a week, on the following subjects:—Nursing, Hygiene, Ventilation, Poisons and Antidotes, Pulse, Respiration, Temperature, Bandaging, and the Application of Instruments; Midwifery and Children, and the Examination of Urine. The term of study and service will be two years, at the end of which the nurse will receive a diploma, setting forth her qualification. The school forms an integral portion of the hospital management, unlike the training school for nurses in connection with Bellevue Hospital, which is not solely under medical control, and is a separate institution. Another feature of this new school, as claimed by its promoters, is that all the male wards will be under the care of the pupils, who will be assisted by male attendants.

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## PUERPERAL BLINDNESS.

BY W. J. SCOTT, M. D.,
Of Cleveland, Ohio.

(Read before the Ohio State Medical Society.)

The following cases have some practical interest. Such conditions are frequently not recognized in their first stages, and come under observation after the exciting cause has passed away.

Case 1, Mrs. A. During the latter part of her last gestation she had headache, and during parturition the pains, she says, were excruciat-

ing; she made a slow recovery, and had, for a year, imperfect vision. When she came to me, I found her with these symptoms: vertigo, so that she was in danger of falling; she had poor digestion; ringing noises in the ears; imperfect vision; could not read, for the letters coalesced and became confused; the eyes were painfully affected by bright sun or gas light; the memory was deficient; she was despondent and apprehensive that she would not get well; the bowels torpid and constipated; urine normal in quantity, and contained no albumen; specific gravity normal. By the ophthalmoscope chronic congestion of the retina was visible; phosphorescence before the eyes; the light passing from right to left. This condition has existed during sixteen months.

Case 2, Mrs. L. Has a similar history to Mrs. A., but her trouble had been of much longer duration, and had more seriously affected the eyes. She had suffered a choroiditis and pyramidal cataract of one eye. These disturbances, leading to such serious conditions, commenced during her last pregnancy, five years before.

Case 3. Three years ago, Mrs. P. consulted me with the following symptoms: Five months pregnant; primipara; extremities swollen; face œdematous; poor appetite; imperfect digestion; tinnitus aurium; imperfect vision; constipation; perverted taste; ptosis of right eyelid; loss of memory; palpitation of the heart; albuminous urine, which, by heating, about one-fourth precipitated. I did not examine the eye as to the condition of the circulation. I gave a laxative, followed with nux vomica, belladonna, sulphate of zinc, and tincture of iron: during the treatment the symptoms subsided, and she completed her term successfully, and did well. She has not been pregnant since.

I have met a few cases, with other physicians, of similar character. I have not found this class of cases very well referred to in *the books*, either of obstetrics or ophthalmology. Regarding these conditions as depending on an altered condition of the blood, and, consequently, an abnormal nutrition of the parts manifesting the symptoms, the anomaly is, that, even after secondary conditions have been induced, the patient often lives along, without fatal results, for a long time.

I referred my first case here spoken of to Dr. D. B. Smith, for his diagnosis. He confirmed my opinion and treatment. The patient has improved to a certain condition, and there remains, not perfectly well, but able to attend to her domestic duties. About this time the doctor had two cases with similar histories, in whom the conditions had gone along, unappreciated, until softening of the brain had occurred, and then proved fatal. I have no doubt that many cases of puerperal conditions have sequelæ, which become very troublesome to the pathologist, if he does not connect them with their cause. The treatment of these conditions has been imperfect, as their pathology has not been understood. All this class of trouble arises from the condition of albuminuria. Recently I have found several cases of this kind mentioned in Fordyce Barker's book on puerperal diseases.

A very remarkable case was reported by Dr. Fourgeaud, of San Francisco. The patient had had several miscarriages, and two living children, who were born at the eighth month. The doctor saw her a week before labor; "her face was then œdematous, and she complained of loss of sight, so that she was unable to read, or to distinguish persons a few feet from her. Her labor passed without convulsions. One morning after the doctor found his patient paraplegic. The motive power of the legs was entirely lost; sensibility being but partially impaired. There was paralysis of the rectum and sphincter, with involuntary discharge of fæces, paralysis of the bladder, with retention of urine; amaurosis; the eye-sight being almost entirely gone." In two months the paralysis was removed, and the sight so far restored that she was able to read.

In the history of such cases there are sometimes found some phenomena not very easily explained. I believe that, almost universally, the primary cause is a kidney *disturbance*, and almost always there has been connected with the case albuminuria, and often, when we see the case there is no albumen in the urine.

In one case to which Barker refers, there was no albumen found at the time of observation before delivery; after delivery serious symptoms presented, and, on examination, albumen was found present, the cause of albuminuria, as we would suppose, having been removed.

It has been found, also, that the albumen of pregnancy differs from that contained in the urine of Bright's disease; it shows different effects by re-agents.

Some questions of interest grow out of this

subject. Is a female thus affected once, more liable in after *pregnancies?* These conditions are most liable in primipara. If they have occurred in two pregnancies, should we interfere and *prevent* a recurrence in the third one? What interpretation can be given to all the phenomena of a well-marked case; the nervous, the circulatory and the muscular phenomena?

One of the most important, and to me, remarkable conditions in these cases, is the slow, persistent, long continued congestion of the retina and of the brain, from which the patient may, and often does recover most perfectly.

It seems to me, that in the treatment of the sequelæ of this kind of albuminuria we need a more extensive medication and one better meeting the pathological conditions present. We have often to meet heart complications, which depend on muscular debility and enervation, as well as brain and kidney complications. The early recognition of these conditions may be of the utmost importance to the patient, as well as to the reputation of the physician. Many of these cases go through the hands of the physician without his seeing the importance of these, to him, slight symptoms, into the hands of the ophthalmologist, to be told that they have already an organic disease of the eye, which has occurred by night, and by a process of slow change, which possibly might have been avoided at an earlier period by a better knowledge of the pathology, and application of good therapeutics in its earlier stages. The conditions may be met by free doses of tincture of iron, or the etherial acetic tincture of iron, with moderate doses of tinct. digitalis. The secondary sequelæ may be treated by strychnia, nux vomica, bromide of sodium, ammonium, or potassium, belladonna, etc., so as to remove the long continued congestion, which I have seen to continue for five years, and even, at that length of time, to be almost entirely removed by judicious medication. The most remarkable phenomena which are presented by these cases are the long continued congestions which the patients suffer, and yet recover from so completely. The chronic congestions of the retina, and some of the structures about the base of the brain, which manifest peculiar symptoms by disturbance of function, and those which occur in the kidneys, are peculiar, and are produced by peculiar conditions of nutrition, and probably do not depend upon arrest of circulation, by pressure on the emulgent veins of the kidneys, for sometimes the removal of these conditions does not remove the symptom, and sometimes the symptom presents itself after parturition has been completed.

The pathological condition may not be removed from the brain or kidney by removal of what has been considered the exciting cause. If organic changes have occurred, perfect recovery may not be accomplished, either by time or medication. The short history of the few cases on record, however, shows that, in most cases, the prognosis is favorable; also, the published accounts show that these accidents having occurred, there is a tendency to recurrence in after pregnancies; and the history of the treatment shows that proper treatment is of the highest possible importance, before and after the completion of parturition. The question has presented itself to me, what advice shall be given to people who have suffered from these conditions in the first pregnancy? would it be justifiable advice to prevent conception, or to remove the fœtus afterwards? I think, only after serious symptoms have presented themselves, should we interfere. We cannot always tell what accommodations may be made to ward off danger. We have seen that in primipara these conditions may occur and not recur again under similar circumstances.

## Medical Societies.

### NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, March 4th, 1875.

Dr. Purple, President, in the chair.

The paper of the evening was read by Dr. Stephen Smith, the subject being: "On the Merits, Real and Comparative, of Amputations in the Lower third of the Leg, with Suggestions as to the Prospective Value of Periosteal Flaps."

Ambrose Paré, writing three hundred years ago, related the case of a man who had his foot stricken off by an iron bullet, and had it reamputated five fingers' breadth below the knee. Commenting upon this case, Paré says: "We must do otherwise if any such thing happens in the arm; you must cut off as little of the sound part as you can, for the actions of the legs differ much from those of the arms, and chiefly in this, that the body rests not, neither is carried upon, the arms, as it is upon the feet and legs." An important illustration and discrimination of a sound principle in operative surgery is involved in this statement, and it is as follows:—

The special function of the limb should be considered, and, as far as possible, preserved, in

selecting the point and method of amputation. The surgeon may determine whether the sufferer is to be a pauper or self-supporting citizen. His coöperation with the mechanical surgeon might, if brought into such relations, secure perfection in the results. The operator studies to save life by science, in sacrificing the limb, and the mechanician studies to restore, by art, its function. Particularly in amputations of the lower extremity, can the mechanical surgeon restore, to a great extent, the proper functions of the limb, if the method of amputation admit of it.

The object of this paper is to consider the real and comparative merits of amputations, and their performance in the lower third of the leg, as regards the utility of the resulting stump. It is safer for the patient, for the surgeon to amputate in the lower than in the upper third of the leg; it has been sanctioned by the highest authorities, periodically, during the last two centuries, yet amputations in this region have again been discarded.

The opinion of surgeons has been divided on the comparative utility of stumps when amputation was performed below the knee, and when performed in the lower third of the leg.

The common wooden pin, with bucket, is the earliest contrivance which was applied to stumps of the leg, and was first described by Paré, who also shows illustrations of legs and feet made of iron. The term "poor man's" and "rich man's" leg was applied to the stump. From the time of Paré surgeons have selected the point of amputation accordingly.

The advantages of the wooden pin are twofold: 1st. The remaining portion of the leg, bent at right angles, takes direct and firm bearing upon the artificial limb; and 2d, It is very cheap, and of simple construction.

Solinger, a Dutch surgeon, writing in 1684, first advocated amputation just above the ankle, and by the flap method. He thereby showed that a patient whose leg had been amputated in the lower part could bear his weight directly upon the stump, and walk with the aid of a simple appliance. This practice was adopted and advocated by Droms, of Paris, and by other surgeons, but was not generally practiced until a half a century elapsed, and the question was again agitated.

In a communication by Mr. Charles White, of Manchester, England, through Dr. Hunter, on the 20th of February, 1769, to the "Society of Physicians," in London, he states the case of a woman whom he saw at the end of the year 1760. Twenty years before her leg was amputated above the ankle. The operation was performed by the single incision, and the stump was twelve months healing. Her brother, who was a carpenter, made her a very indifferent wooden leg, and, though it was very imperfect, she preferred not to have the leg re-amputated at the usual place, and appreciated the advantage which she had over those upon whom amputation had been performed in the usual way. He adds: "I was myself fully convinced of the utility of this method, from her great activity in walking upon level ground, and in going up and down stairs." Mr. White further states that at first, and for many years later, he was very cautious in not allowing the end of the stump to press upon the bottom of the socket in which it was contained; but he found this to be unnecessary after performing the flap operation, as the whole weight of the body could be rested upon it.

He writes to Alanson, about ten years after, and remarks: "That amputations a little above the ankle joint are preferable to those a little below the knee, when it is in the power of the surgeon to make his election, whether performed with or without a flap."

Bromfield, about the year 1740, began to advocate amputation in the lower part of the leg. Other surgeons to whom he spoke on the subject discouraged it, and declared that the stump would not heal. Afterward, his pupil, Mr. Wright, reported a case, in which amputation had been performed, about the year 1754, above the ankle, which had healed well. The patient bore an artificial limb well and performed the motions with ease. Bromfield now adopted this method of operating The teaching of that period corresponds with the maxims laid down by modern writers on surgery, and it is, as mentioned by Bromfield, that, "in amputations of the upper extremity, and in those of the thigh and foot, as much as possible of these parts are to be preserved, but in amputations of the leg, the operation is to be performed as close to the knee as possible, without risking to cut the ligamentum patella, in order that the stump may not extend beyond the wooden leg."

Edward Alanson, of Liverpool, on January 10th, 1780, performed an amputation just above the ankle, by the method of flaps. He describes the case as doing well until the ninth day after the operation, when the wound began to look unhealthy. The patient was an inmate of the Liverpool Infirmary, from which institution he had to be removed, on account of hospital gangrene and pyæmia, owing to bad construction, a crowded house, and other causes. This fact he recognized, and had the patient placed in a thinly populated part of the town, where he could get fresh air. The man recovered, afterward using an artificial limb and attending to his business with great activity. His method of operating was by the single, instead of by the double flap.

The opinion of surgeons again became divided at the begining of the present century, and amputation at the old point of election was favored by the majority. Keate, of London (about 1831), again proposed the point of election in the lower third of the leg. The subject was fully discussed in 1841, before the Academy of Medicine of Paris, and the propositions as laid down by Arnal and Martin, in favor of supra-malleolar amputations, were:—

1. Promptness and facility over the old operation.

2. It causes less pain.
3. Is not so frequently accompanied with gangrene of the flap.
4. Less risk of secondary hemorrhage.
5. Traumatic fever that follows less violent.
6. Cicatrization more rapid.
7. On account of rapid cicatrization is less liable to hospital gangrene.
8. The accidents which follow conical stumps happen less frequently with this operation.
9. Purulent absorption less frequent.
10. More freedom in the use of the limb.

The cases which they reported, of amputations above the ankle, numbered ninety-seven. Of these eighty-seven were cured. The patients were of different ages, sexes, and conditions. Velpeau concluded, as to the correctness of these propositions of Arnal and Martin, that supra-malleolar amputations are less dangerous than when performed at the place of election; the adaptation and subsequent use of an artificial limb is practicable, enabling the patient to perform all necessary movements. But it remains a question with persons whose means do not allow them, subsequent to the operation, to procure an artificial limb, whether this operation should be chosen instead of the other.

Larrey found, in his experience, that the fatality of amputations at the point of election was not so great as it was said to be, and that in supra-malleolar amputations, union by first intention was not to be expected. Velpeau, in reply, said that the amputations at the point of election were fatal in the ratio of one to four, and those about the malleoli, of one to ten.

Mr. Lawrence again revived the operation in 1844, and was opposed by Liston and others.

In 1858, Mr. Scale, of Leeds, improved the operation in this way: A large flap was made to cover the bone, and the cicatrix was placed behind the stump. This flap contained all the tissues excepting the periosteum. The advantages of this method were that the bone was covered by a soft movable mass of tissue, which contained no large nerves and formed a stump capable of bearing pressure.

Mr. Henry Lee, of London, in 1865, modified Scale's amputation. Instead of making from the anterior part of the leg a long rectangular flap, he made it from the posterior part. He states that the flap was thicker and afforded a better protection to the ends of the bones, therefore, direct bearing could be made upon the extremity of the stump when an artificial limb was applied.

Amputation at any portion of the leg is now favored, not by all, but by some surgeons, on the old principle, that no more of the limb should be sacrificed than is necessary. The methods of amputation are numerous, operators selecting either the circular flap, double flaps, or even rectangular. The principles which govern surgeons in selecting the point of amputation are vague, which is undoubtedly owing to the little attention paid to the progress made in the manufacture and adaptation of artificial limbs. Therefore the rules that should govern the surgeon are: 1st. The safety of the patient, and 2d. The serviceableness of the stump. Regarding the former rule, amputations in the lower third of the leg are preferable to amputations in the upper third, for reasons already mentioned. The latter one depends upon the point and method of amputation.

In these days, the distinction between a rich and a poor man's stump is discarded, which is due to the cheapness of artificial limbs. The necessary and important condition of a useful stump is its freedom from tenderness. This is essential, whether its bearing is direct or lateral. The tenderness is caused by the cicatrix being attached to the end of the bone, showing it to be thinly covered by the soft parts, and cicatrizing directly over it. To avoid subjecting the patient to tenderness of the stump, it is necessary that two conditions be fulfilled, and they are:—

1. The cicatrix should be so placed as not to be subjected to pressure.
2. The covering should be thick and movable.

The opinion of expert mechanicians is, that the weight of the body should be borne on the end of the stump.

Mr. Bigg, of London, says of amputations in the leg: "I feel perfectly assured that, could pressure be borne against the end of the stump, a much more decided mechanical influence would be exercised by the patient over his false member. A powerful argument in favor of this plan is, that the natural force is thereby conveyed so much nearer the knee-joint as to impart considerable firmness to the patient's gait." Adding: "you may easily see that my reasons for not making pressure against the end of the stump are, fear of friction, and the inability of the stump to bear it."

Mr. Grossmith, of London, makes it his rule, in applying artificial legs, never to allow pressure on the end of the stumps in any case, except those of amputation at the ankle-joint. The question arises, what part should the periosteum take in the formation of the stump, During the last century, scraping up the periosteum previous to sawing off the bone at the highest exposed point was practiced, in order not to wound it.

Walthers, in 1814, suggested that the periosteum be raised from the bone in amputations, and then be used in covering it. A few years later, Bruninghausen thought that, especially in amputations below the knee, the procedure of raising the periosteum for about a half-inch, then using it as part of the flap in covering the bone, was important. Its advantage being to prevent the edges of the bone from cutting through the flap. Sub-periosteal amputations were performed in Europe from 1861 to 1864. In this country this method of operation was practiced from 1862 to 1865, by assistant Surgeon McGill, U. S. A., and reported by him in 1865 and 1866, in a circular to the Surgeon

General. The stumps are described by him as firm, well-rounded, and capable of bearing pressure.

In November, 1871, M. Houzé de l'Aumit, of Lille, France, performed amputation of the arm on an infant twenty-two months old. A thin lamella of periosteum became detached, accidentally, during the operation, and was applied to the cut end of the bone. The results following the operation were good. He reports ten other cases, with but two deaths, one from thrombosis of the left auricle, and the other from pyæmia. The advantages of this operation are as follows:—

1. Necrosis and osteo-myelitis are prevented by covering the cut extremity of the bone.

2. The cicatrix does not become attached to the bone.

3. The stump assumes a rounded form, and is firm.

Its disadvantages are:—

1. That the periosteum, being not well nourished, is liable to slough.

2. If it becomes attached, new bone is liable to form, in the shape of osteophytes, which destroy the stump.

Ollier is opposed to the operation in general, except in amputations below the knee.

Dr. Smith now proceeded to explain the method of operation which he had adopted in a case at Bellevue Hospital. The amputation was performed in the lower part of the leg, thus: A long anterior flap was made from above the malleoli, extending to each side, running up the incision parallel with the fibula. The fibula was then exsected to the extent of about four inches. The periosteum was peeled off the tibia, and enclosed in the flap. The bone was then sawed off at the same point as the fibula, and the flap adjusted. The stump healed well. The patient was present, and exhibited his stump. It was firm, well rounded, and the cicatrix was situated posteriorly; there was no tenderness, and direct pressure could be well borne upon it. The results of the operation were satisfactory in every way.

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## NEW YORK PATHOLOGICAL SOCIETY, STATED MEETING, MARCH 10th, 1875.

Dr. Francis Delafield, President, in the Chair.

### Report of Microscopical Committee.

Dr. T. E. Satterthwaite presented a report from the Microscopical Committee, respecting a tumor of the œsophagus, presented by Dr. Erskine Mason to the Society, on February 10th. The tumor consisted of a mass of fungous growth, of a lobulated character, projecting above the mucous membrane to the extent of three-quarters of an inch. Under the microscope it consisted of cancer cells imbedded in a stroma.

### Morbus Coxarius.

Dr. E. P. Gibney presented two specimens, one of the hip joint, and another of enlarged glands. Both were taken from a boy who fell from a velocipede, resulting in morbus coxarius. When seen, all the signs of the first stage were present. In six months he recovered, but remained in the Hospital for the Ruptured and Crippled for a period of four years, and died.

In October, 1874, his cervical glands began to enlarge, and by January, 1875, he felt so weak that it was impossible for him to leave his bed. He then developed a dry cough, and became icteric, death resulting by asthenia.

*Autopsy.*—No signs of pulmonary disease were visible. The enlarged cervical glands pressed upon the pneumogastric nerve, which, undoubtedly, caused the cough, by reflex irritation. The capsular ligament of the hip-joint was perfect; but at the point of its attachment to the femur there were signs of disease. The head of the femur was flattened, and its cartilage of a dirty-white color and presenting yellow spots of erosion. Its thickness was one-half inch.

### Local Peritonitis, from Obstruction of the Intestines.

Dr. F. R. S. Drake presented a specimen of intestines, showing local peritonitis, caused by obstruction of the jejunum.

A. W., aged 21, of active habits and healthy; had not had any disease since infancy. On Sunday evening, February 28th, he ate heartily at his dinner, partaking freely of roast goose, and then rode for several miles on the front platform of a street car. He was soon taken with vomiting, which lasted all night. The next morning he was seen by Dr. Drake, who found no severe pain or local tenderness over the abdomen. On the third day his pulse was 100, countenance pale and anxious; no well defined abdominal pain, except a soreness of the muscles. Opiates were prescribed, and warm applications ordered to be applied to the abdomen. On Wednesday he complained of pain about the umbilicus. The next day Dr. Loomis saw the case in consultation, and diagnosticated local peritonitis. Death took place on the sixth day of the disease.

*Autopsy.*—The jejunum was bound down by old adhesions at one point, above which it was distended with gas and fæces, and empty below. The large intestine was empty. The mesenteric glands were enlarged and the seat of calcareous degeneration.

### Ulceration of the Gall Bladder, caused by Gall Stone.

Dr. T. E. Satterthwaite presented three gall stones found in the gall bladder of a man who died of shock. The patient was a nurse, who, during the Fall of 1872, began to complain of pain in the right hypochondrium, from which he recovered. Last Spring he suffered from gastritis. In October last he began to complain of pain over the region of the stomach, which was much distended; this was accompanied by vomiting. He grew worse on December 18th, his features assuming a pinched ex-

pression, and the surface of the body became cold. He died the next day, of shock.

*Autopsy.*—The post-mortem examination was made on the 21st. The abdomen was distended. The liver was bound by old adhesions. The gall bladder was distended by three large calculi. There was a perforating ulcer of its coats, communicating with the peritoneal cavity. No signs of peritonitis were present.

**Urinary Calculus Extracted from the Urethra—Impacted Fracture of Neck of Femur—Bony Anchylosis of Elbow and Knee-joints—Exostoses.**

Dr. Janeway presented a urinary calculus, measuring one-half inch in length by one-quarter of an inch in breadth, removed from the urethra of a boy aged four years. The mother says that the boy had been subject to crying spells of colic. The first attack lasted for three hours, the little sufferer rolling on the floor with pain. A small calculus was passed at this time. Pulling of the glans penis was also a prominent symptom of the attack. When Dr. Janeway saw the boy, he found the bladder distended, and learned that he had passed but little water for four days, and complete retention had existed for two days. A calculus was seen within the meatus. In order to relieve the distended bladder a uterine probe was introduced between the calculus and urethral wall, thus distending it and allowing the urine to flow. The patient was then etherized, but the calculus could not be removed without cutting the meatus, which was accordingly performed.

Dr. Janeway also showed to the Society specimens taken from the dissecting room. The first one exhibited was an impacted intracapsular fracture of the neck of the femur. Around the shaft there was a new formation of bone, and growing from the trochanter minor a mass was seen, composed in part of bone and the rest of fibrous matter. This femur was one inch shorter than the other one. The other specimens were, bony anchylosis of the elbow and knee joints, which had taken place in the former at right angles, and exostoses at the extremity of the long bones.

**Fracture of the Base of the Cranium.**

Dr. Erskine Mason related the following case:—A man was admitted to Bellevue Hospital on December 29th, 1874, from whom no history could be obtained. He presented symptoms of intoxication, and his respiration was stertorous for a few hours. On examination, no injury of the head was discovered. No ecchymosis of the eyes or scalp was found. Clots of blood were seen in both ears. The pupils were natural. He vomited freely, the matter ejected smelling strongly of alcohol. On the third day it was of a blackish color, and still alcoholic. He then complained of pain in the head for the first time. He was given bromide of potassium for seventy-two hours, and ice bags applied to the head. Two days later he became conscious for a few hours, then sank into a semi-comatose state, and again returned to unconsciousness. On January 3d there was no amelioration of the symptoms. On January 5th he became violently delirious. The next day, which was the eighth one after the reception of the injury, the left pupil was more dilated than the right one, which was the first occurrence of any irregularity of the pupils. Loss of power in the right hand was also manifested by an inability to grip. Temperature 101°, the average having been 99°; the respiration was 20, sometimes falling to 16. He again became intelligent, and apparently improved. On the tenth day he had a profuse discharge of cerebro-spinal fluid from both ears, and fracture at the base of the skull was diagnosticated. On the twelfth day he became comatose, passed the urine and fæces involuntarily, and died on the sixteenth day after the injury. The interesting point about this case is, that stertorous breathing occurred only at first, and was not present at any subsequent stage.

*Autopsy.*—This was made twenty-four hours after death. The right temporal muscle was infiltrated with blood. The sinuses were distended with the same fluid. There was a spot of softening on the under surface of the middle lobe of the brain, on the left side. A fracture through the ethmoidal and petrous portion of both temporal bones was discovered.

Another interesting point is, that symptoms of fracture occurred only on the tenth day after the injury.

**Cancer of Bones of the Head, involving the Orbit and Eye.**

Dr. C. J. Kipp presented a specimen of encephaloid cancer of the cranial bones.

A woman, aged 47, six months before death was suddenly taken with pain in the head, which was only temporarily relieved by morphine injections. Two months before she died she complained of vertigo, loss of memory, but had no nausea or vomiting. She had paralysis of the left upper lid. The left eyeball was devoid of sensation, not movable or protruding; the pupil was not sensitive to light. Its periphery was opaque. There was swelling of the mucous membrane of the upper and posterior part of the left nostril. She had always been partially deaf, but was totally so now. The pain in the head and eye was intense, and was but partially controlled by morphine. Toward the last the nasal fossæ became altogether occluded by the tumefaction of the lining membrane. Four days before death the right eye was examined and found normal.

*Autopsy.*—The post-mortem examination was made forty-eight hours after death. The meninges were dry and congested. The brain was the seat of an abscess. After its removal a tumor, adherent to the dura mater, was seen; it involved the body of the sphenoid bone on the left side, and the petrous portion of the temporal bone, the temporal muscle, antrum, orbit, sheath of the optic, and all the cranial nerves. The sclerotic was not diseased. The petrous portion of the temporal bone was entirely de-

stroyed. The Schneiderian membrane was tumefied. The substance of the sphenoid bone was soft and filled throughout with cylindrical epithelial cells. The tumor was an epithelial encephaloid cancer.

The president stated that it was difficult to determine where the disease began, but possibly it was in the antrum. The tumor was given to the Microscopical Committee, for examination.

**Tetanus Neonatorum.**

Dr. J. Lewis Smith related a case of tetanus in an infant, aged seven days. He saw the case on February 27th. The family lived in a badly constructed tenement house, where draughts of air, were continually circulating. This family lost one child with tetanus, one year previously, in the same apartments, who had been sick but one day. Nothing unusual occurred before the disease developed in the child, except a diarrhœa, which lasted for two days after birth. The mother first noticed that the baby was drowsy, which was followed by a tetanic spasm. The spasms would recur every first, second or third minute, when the child was not disturbed, but would do so oftener if any portion of the body was touched. The remaining fragment of the cord was inflamed. Toward the last the child's countenance became livid during the paroxysms, and opisthotonos was well marked. The pulse was 164, the temperature 100¼°, and the respirations 60 during the intervals of the spasms. Death finally took place.

The autopsy was performed by Dr. Heitzman, thirty-seven hours after death. Body well nourished; its surface slightly yellow; larynx contained mucus; lungs hyperæmic, and the seat of hemorrhagic infarctions; no signs of hepatitis present. Pale bile in gall-bladder; spleen soft; stomach moderately injected; mesenteric glands enlarged. The brain and meninges were intensely congested, and the puncta vasculosa enlarged.

**Perinephritis.**

Dr. Janeway presented a specimen of perinephritis, for Dr. Polk, who was absent. The history of the case was taken by Dr. Hills, Senior Assistant Physician in Bellevue Hospital. A porter, aged 34, had suffered from a frequent desire to micturate, and was treated for cystitis. Previous to this he had had a gonorrhœa. He was admitted to Bellevue Hospital, and complained of lumbar pains; the urine was albuminous, and he passed one hundred and twelve ounces of it on January 24th. On February 12th the patient complained of throbbing pain over the region of the left kidney. Fluctuation was detected in that region, and two ounces of pus aspirated by hypodermic syringe. The next day an incision was made four inches to the left of the spinous processes, in the lumbar region, and thirty-six ounces of pus were evacuated. On the 15th he passed but thirty-eight ounces of water. On the following day the quantity of urine excreted was fifty ounces. He had a chill on March 9th, when his pulse rose to 138, and the temperature to 104°. He died that day. The specific gravity of the urine during his illness varied between 1011 and 1013.

*Autopsy.*—The capsule of the left kidney was thickened. The infundibulæ of the left kidney were dilated and contained pus. There was an infiltration of pus between the diaphragm and the pleura, on the left side, caused by the burrowing of the same from the kidney. The right kidney was waxy (chronic interstitial nephritis), and slightly fatty; its pelvis was white. The liver and spleen were waxy. The urethra was thickened at the bulbo-membranous junction. No cystitis was present. Left ureter was completely occluded by an increase of connective tissue. There was no epidydimitis. Dr. Janeway thought that this perinephritis was the result, first, of a gonorrhœa, then cystitis and the extension of the inflammation through the ureter to the kidney. He was of opinion that the life of the patient would have been saved, had aspiration been performed instead of evacuating the pus by means of an incision.

The president said that he had found obstruction of the ureter to occur in cases where no history of bladder disease existed.

The meeting then adjourned.

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## ALLEGHANY COUNTY (Md.) MEDICAL SOCIETY.

Dr. G. E. Porter, Lonacoming, Maryland, President.

This Society held its regular monthly meeting in Cumberland, Maryland, September 21st, 1875.

Dr. G. E. Porter presented three cases of fracture of the femur, treated with the anterior splint of Professor N. R. Smith, of Baltimore, as modified and improved by Dr. Porter. Two of the cases, by actual measurement, presented little or no shortening. The third case, having been one of delayed union for five months, at the end of that time united without the aid of measures usually adopted in such cases, with a shortening of about one inch.

This improvement upon Professor N. R. Smith's anterior splint is a most valuable one, and Dr. Porter promises, at an early day, to furnish the profession the results of his extensive treatment of fractures with it.

Dr. Charles Cehr called the attention of the Society to a circular issued by the American Public Health Association.

Dr. W. McGill reported a case of "puerperal fever," which was deemed of interest, on account of the cessation of all alarming symptoms upon the administration of thirty grains of quinine at one dose.

Dr. George B. Fundenburg, read an article on the "Antipyretic Treatment of Fever." This paper was one of great interest, on account of

the Doctor's large experience and flattering success with this plan of treatment.

Dr. J. M. Green read an essay on the "White Blood Corpuscles," treating of their influence upon the organism in various ways. This paper was most interesting. The Doctor illustrating portions of it on the blackboard and by the aid of micro-photographs.

Dr. Skilling reported a case of "triplets."

A commiteee was appointed to draft resolutions of respect to the memory of the late Dr. J. T. Getzendanner, of Frostburg, Maryland.

The Society adjourned until the third Tuesday of next month. WARDLAW MCGILL, M. D.,
*Corresponding Secretary.*

# EDITORIAL DEPARTMENT.

## PERISCOPE.

### The Relation of Food to Work.

Dr. Du Chaumont, in a late lecture, said that up to a quite recent date there was an absence of any satisfactory theory as to the relation of food to work, and it was supposed that bodily force was due to a chemical change in the muscles themselves, and that the nitrogenous matter in food repaired the waste. But the researches of Joule, Playfair, Frankland, and others, on the conservation of energy, have led to the conclusion that active force is produced chiefly by the potential energy stored up in the carboniferous food, and set free by oxidization. Hence it was seen that to credit the chemical changes in the muscles with the origination of force in the body, was not more philosophical than to credit the force exerted by a steam-engine to the wearing away of its wheels and pistons.

The lecturer then proceeded through a large number of elaborate calculations, based upon actual observation, for the purpose of showing the ordinary amount of productive work of which a man of average height is capable, and its equivalent in foot-tons—a foot-ton representing the amount of force required to raise one ton one foot high. It appears that the work done in walking three miles an hour is equal to about one-tenth the work done by direct ascent. Three hundred foot-tons a day is a fair day's work for a man of average height. This would be equivalent to walking fifteen miles in a little over five hours. A hard day's work would be equivalent to walking twenty-four miles in eight hours. Dr. Parkes mentions an extreme case in which a man in a copper mill did as much as 723 foot-tons in a day, his average work being 443 foot-tons. The ordinary work of a military prisoner is 310 foot-tons. The velocity at which work is done, and the consequent resistance, greatly affect the quantity of potential energy required for its accomplishment. For the production of any amount of what may be termed productive work, a much larger amount of potential energy has to be expended. Professor Haughton, of Dublin, has calculated that of the total potential energy produced in the body, 260 foot-tons are required for the action of the heart. Then the animal heat absorbs from 2000 to 2500 foot-tons, or more. According to Helmholtz, about five times as much energy is used in the internal work of the body as is expended in ordinary productive work. In the case of severe work, the proportion of internal work to productive work is still greater. Supposing the work performed by a man to consist of walking, the most economical rate, both as regards the amount of food required to sustain it, and the amount of potential energy expended on the body itself, is about three miles an hour. Both above and below that speed there is a decrease in the amount of active work as compared with the non-productive energy. A man walking fifteen or sixteen miles a day, or doing an equivalent amount of work in another form, would require 23 oz. of food, composed of albuminates 4·6 oz., fat 3 oz., starch 14·3 oz., and salts 1·1. This would yield a potential energy of 4430 foot-tons, and allow 300 foot-tons for productive work. A mere subsistence diet for a man at rest would be 15 oz., but with this amount a man would lose weight. About 7000 foot-tons a day of potential energy is about the greatest amount which is possible as a permanency. This would yield 600 foot-tons of productive work. These calculations apply only to men in health.

### Amputations in Scrofulous Subjects.

A case related at a recent meeting of the Société de Chirurgie (*Gazette des Hôpitaux*, June 19), in which a scrofulous child exhibited remarkable resistance to several successive operations, led M. Verneuil to protest against the illusions that exist as to the innocuity of operations in scrofulous subjects, and especially operations performed on bones. As long back as 1845 he had been struck by examining in the hospitals the results of the partial extirpations of the bones of the hands and feet in scrofulous subjects. The immediate results are very favorable, erysipelas being very mild in these subjects, and pyæmia rare; and few are lost by acute traumatic accidents. The wounds are very fine, granulating abundantly, indeed, too abundantly; but the cicatrization is defective. When the patient attempts to use his

limb, the disease reappears, either at the same spot, in other joints, or in some of the viscera. The amputation wound heals up, but the patient dies with albuminuria, general œdema, fatty degeneration of the liver, or tubercle. An English author, who is a good observer, recommends that operations should be performed early in scrofulous subjects, before the development of morbid manifestations in the liver or kidney, and that in them amputations, not excisions, should be resorted to. M. Marjolin partakes of M. Verneuil's scruples relative to the performance of operations in scrofulous children. Having been in charge of a children's hospital service for eighteen years, he has been able to follow the patients during long periods, as they re-entered the wards on several occasions. Inclined, as he was at first, to operate early, experience has taught him that these operations are premature before the constitutions of these little subjects have undergone modification until when they should always be rejected, unless great urgency exists, which is rare. He has often seen infants who had been operated upon and cured, reënter and die of meningitis, pulmonary tubercle, or intestinal lesions. The marine hospitals at Forgs and Berck constitute a valuable resource for the modification of the scrofulous diathesis, but they are insufficient for the demands made upon them, as there are from 100 to 200 children always waiting their turn of admission. Obliged to wait a year or eighteen months, when summoned, one-half of their number has ceased to exist. It is highly desirable that the number of beds should be increased, for country air constitutes the best treatment, and only the most immediate wants should be attended to in Paris. M. Larrey, during his long experience in military hospitals, has been much struck with the great mortality attending amputations, principally in young subjects, and especially in the scrofulous. The examples of this which he had met with in the wards of Roux, Lisfranc, Dupuytren, and especially of Velpeau (once so prodigal in amputations, and so sparing of them in his later years), led him at an early period to react against this practice, and from 1839 he adopted, from the political language of the day, the designation chirurgie conservatrice.

## Reviews and Book Notices.

### NOTES ON CURRENT MEDICAL LITERATURE.

——The *Medical Times*, of this city, which hitherto has appeared as a weekly, will hereafter be issued once every two weeks.

——Dr. J. M. Toner, in his annual oration before the Medical and Chirurgical Faculty of Maryland, treated of the Medical History and Physical Geography of Maryland. The subject is treated with his usual ability. A number of topographical charts accompany the text.

——A carefully written paper on "Periodical Melancholia," by Dr. William B. Neftel, of New York, deserves the attention of alienists. His recommendation of continued mental labor in neuropathic cases is particularly noticeable.

——An article reprinted from the *Richmond and Louisville Medical Journal*, by Dr. George M. Kober, makes a pamphlet of one hundred and ten pages. Its title is "Uronology and its Practical Applications;" a guide to the examination of the urine and its diagnostic value, with extracts from the works of the most modern investigators. It is a useful compilation.

### BOOK NOTICES.

**A Synopsis of Symptoms of Gout at the Heart; also,** a few practical remarks on Epilepsy, Nervousness, and other kindred diseases in relation thereto. By Eldridge Spratt. Twelfth edition. Glasgow, James Maclehouse. Philadelphia, J. B. Lippincott & Co., 1875. 1 vol., cloth. 8vo, pp. 259.

Through what merit this book has reached a twelfth edition the reader will be puzzled to find out. Its style is slovenly, its arrangement slack, its pathology behind the times, and its treatment well enough for an old nurse, but not what one might expect from an author who pretentiously informs us, on the title page, that he is the "former Dean, and eighteen years Senior Physician to the Hospital for Diseases of the Heart." Probably the eleven previous editions were sold to patients or given away to possible patrons of the hospital. That there could be any such demand for the book from the medical profession, we have too good an opinion of it to believe.

There is neither index nor table of contents, so that there is no escape, for the reader anxious to glean the few grains of wheat in the book, from wading through the pages of second-hand extracts and old wives' stories with which the bulk of the volume is composed.

**Transactions of the College of Physicians, of Philadelphia.** Ser. III, Vol. I. pp. 192. Philadelphia, Lindsay & Blakiston. Price $2.50.

Most of the articles in this volume have

already been given in epitome in the pages of the REPORTER. The following list embraces them in detail:—

I. Report of an Autopsy on the bodies of Chang and Eng Bunker, commonly known as the Siamese Twins. By Harrison Allen, M. D.

II. Case of Adenoid (Hodgkin's) Disease. Enlargement of the Cervical Glands, with Multiple Lymphadenomatous Tumors of the Brain, Spinal Column, Lungs, Sternum, Subcutaneous Tissue, etc. With Remarks, an Analysis of Fifty-eight recorded Cases, and a Bibliography. By James H. Hutchinson, M. D.

III. Case of Fracture of the Neck of the Scapula. By John Ashhurst, Jr., M. D.

IV. On a New Operation for Certain Cases of Cleft Palate and Bifid Uvula. By William S. Forbes, M. D.

V. On the Operative and Conservative Surgery of the Larger Joints. I. Excision of the Elbow. By John Ashhurst, Jr., M. D.

VI. Experiments on the Laryngeal Nerves and Muscles of Respiration, etc., in a Criminal executed by Hanging. By W. W. Keen, M. D.

VII. On the Use of Nitrite of Amyl in various forms of Spasm, and on its Value as an Aid to Diagnosis. By S. Weir Mitchell, M. D.

VIII. Case of Acute Tetanus, successfully treated by the Inhalation of the Nitrite of Amyl, with Remarks upon the Pathology of the Affection. By William S. Forbes, M. D.

IX. Remarks on Diabetes Insipidus and its Treatment by Ergot. By J. M. Da Costa, M. D.

X. Report on the Surgical Considerations in regard to the Propriety of an Operation for the Separation of Eng and Chang Bunker, commonly known as the Siamese Twins. By William H. Pancoast, M. D.

XI. Case of Encysted Dropsy of the Peritoneum, in which Suppuration had occurred, and Abdominal Section was performed, with Recovery. By J. Ewing Mears, M. D.

XII. Quinia as a Stimulant to the Pregnant Uterus. By Albert H. Smith, M. D.

Two chromo-lithographs illustrating the anatomy of the Siamese Twins, and several wood-cuts, are added to the text.

**Practical Hints on the Selection and Use of the Microscope.** Intended for Beginners. By John Phin, editor of *The Technologist*. 1 vol., 12mo., fully illustrated. Price 75 cents. New York, Industrial Publication Company, 176 Broadway.

The microscope is now as important to the physician as the lancet was in days gone by. Without it, the diagnosis of many common diseases is impossible, and treatment is at sea.

The work before us gives, in the plainest language, very complete directions for the management of the microscope and for collecting objects, preparing them for examination, and preserving and mounting them. Those who intend to make microscopy a study, can afford to spend time and money on the works of Carpenter, Beale and Frey, but the owners of simpler instruments, who make only an occasional use of the microscope, cannot well do so. In the present volume, all mathematical and theoretical disquisitions have been avoided; simple rules are given in plain language, and the whole is illustrated with such engravings as are necessary. It has evidently been written by one who is accustomed to *work* with the microscope, and who has depended more upon his own experience than upon aid derived from scissors and paste.

Without touching directly on the medical use of the instrument, it furnishes information indispensable to the physician who would become skilled in its use. A number of wood-cuts add to its value.

**Medizinische Novellen. Von Dr. Bernhard Segnitz,** Dritte Lieferung, Episoden aus der Amerikanischen Privat-Praxis. New York. American News Company, 1875.

The third installment of Dr. Segnitz' Medical Stories will be read with interest by those familiar with the two previous issues. The subjects of this one are pulmonary and nervous diseases. Each story illustrates the peculiarities of some one form of disease. This idea is a new one, and well calculated, as the author believes, to disseminate useful information in a taking way.

We learn that there is in contemplation an English translation of this work, and we trust the project will be put into execution.

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D. G. BRINTON, M.D., EDITOR.

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## MEDICAL ADVERTISING.

The questions which concern a medical journalist, so far as his public capacity is involved, concern also his subscribers, and the welfare of the profession at large. The press, the "fourth estate," as it has been called, is an accurate index of the intelligence, business energy, and ethical status of a guild, profession, or town.

In reference to the medical press, no topic is a more important one than its advertising department. There is wide diversity among medical journals in this respect. Some consider that the advertisements which appear in the columns of a regular medical periodical should be scanned and limited as closely as the communications which are printed for its readers; others, again, hold that the "business" columns of such a journal have nothing to do with its reading matter, and are free to admit any respectable advertisement. The latter view is that usually taken—for obvious reasons—by those journals which are the property of large publishing houses. The advertising spaces in these journals are not under the control of the medical gentleman who superintends the editing of the scientific pages. At least, we hope this is the case, so long as "Armadillo" advertisements continue in what profess to be regular periodicals.

This is one reason, and an obvious one, why the editor should have a controlling interest in the journal. A flagrant instance of the discreditable thirst for gold, at the expense of principle, was lately shown in the *Lancet*. As noticed in the REPORTER, Dr. Churchill, of hypophosphite fame, wrote, some months since, a quack book on an alleged cure of consumption he had made. The *Lancet*, with great propriety, refused to notice it, and editorially condemned those journals which had aided the charlatan's object by reviewing it. A fortnight after it devoted the whole of its most prominent advertising page, that opposite the first page of reading matter, to a laudatory advertisement of this very book!

Naturally this excites just criticism, and nothing shows more conclusively the cynical contempt for the true ethics of the profession which the *Lancet* often displays, than this. Such a paper, if it had a soul, would sell it for a shilling, and the devil would get the worst of the bargain.

Why such a journal continues to receive the support of so many respectable men in England, we can only explain on the ground that they regard the morality necessary in theory something very different from that required in practice.

Of American medical journals we can truthfully say that, so far as they are controlled by medical men, the advertisements in them are rarely such as can be justly condemned. There must be liberality exercised toward difference of opinion, when it is honest. A patented surgical instrument, for example, is condemned by many; but others, and probably most, believe there is nothing wrong in securing such a patent and in

advertising it. *Sub judice lis est.* Therefore, it is not proper to condemn a journal for aiding the sale of such an instrument. For ourselves, we are intimately convinced that a really valuable surgical invention is much more rapidly distributed when it is a patent than when it is not. If the good of the public is the final test, then the public derive benefit from it more widely when it is to the direct interest of the inventor to distribute a knowledge of it. But we do not design to discuss this old subject.

Patent medicines are, of course, wholly out of the limits of medical advertising. But there are a class of "proprietary preparations," which are neither patented nor secret, but which are made by one house only, who maintain a monopoly by some unusual skill or perfected method of manufacture. There can be no reasonable objection to giving such advertisements room. The editor cannot vouch that they are as represented; the doubt must be in favor of the manufacturer; if the latter is a deceiver, he will soon lose more than his trade in that article.

Readers should not judge too quickly of the merits or demerits of an advertisement. We have known of complaints of some for reasons of which the editor neither knew nor could know—the personal character of the advertiser, for instance. Yet readers are right in exercising full liberty of criticism, as only thus can editors appreciate the general tone of professional sentiment on such subjects.

## Notes and Comments.

### Therapeutical Notes.

#### MALIGNANT ANTHRAX.

Dr. Raimbert, of Chateaudun, recently laid before the Académie de Médecine a case of what he considers malignant anthrax successfully treated in a man by means of subcutaneous injections, seven in all, composed of eight drops in each injection of an iodized solution of iodine (*iode iodurè*), in the proportion of one drop of the solution in four thousand of water, afterward increased to fifteen drops, one drop in five hundred of vehicle.

#### OZŒNA.

A cure of this disease is reported in a case in which the nitrate of silver and the permanganate of potash had been resorted to in vain. The successful means consisted in frequent injections of the chlorate of potash, in the proportion of one part of the chlorate of potash in six parts of water. The cure proved permanent.

#### URTICARIA.

A French physician, himself a subject of this disease, being seized with severe urticaria, had the happy idea of bathing the feet and legs in hot water well dosed with mustard. Hardly had he dipped his extremities in the bucket, when, vastly to his satisfaction, every discomfort disappeared.

#### THRUSH.

Dr. Girard, of Marseilles, earnestly urges the importance of cleanliness, air, exercise, food, and suitable clothing in the treatment of thrush. Locally, he applies, three or four times per day, with a camel's hair pencil—

| | | |
|---|---|---|
| ℞. | Alum, | grammes v |
| | Glycerine, | grammes xxx. |

otherwise—

| | | |
|---|---|---|
| ℞. | Borax, | grammes xx |
| | Glycerine, | grammes xxx. |

#### WASP STINGS.

Mons. Dauverne states, as the result of several trials, that the pain and suffering caused by the stings of bees and wasps, may be immediately assuaged by the application of lime-water.

### The Drugging of Horses.

It is well known that horse dealers are accustomed to administer hurtful drugs to horses, either to give them, temporarily, the appearance of being in fine condition, or to have the opposite effect, by making them ill, to defeat their chances of success in a race. Both of these practices are cruel and inhuman, as well as criminally fraudulent.

An Act of Parliament has recently been passed in England, the object of which is summarily to put a stop to these nefarious practices. It provides that if any one, other than a member of the Royal College of Veterinary Surgeons, shall give any animal any of the drugs contained in a given schedule, without the con-

sent of the owner, he shall be liable to fine or imprisonment. The drugs and preparations enumerated are as follows: Arsenic and its preparations, prussic acid, cyanides of potassium and all metallic cyanides, strychnine and all poisonous alkaloids and their salts, aconite and its preparations, tartar emetic, corrosive sublimate, cantharides, savin and its oil, ergot of rye and its preparations, oxalic acid, chloroform, belladonna and its preparations, almond oil, opium, with its preparations, sulphuric acid, nitric acid, hydrochloric acid, butter of antimony, sulphates of iron, of copper, and of zinc. Of these, perhaps arsenic is the most commonly administered, since its effect upon the horse, in point of appearance, is to give an artificial plumpness and sleekness which might easily pass for fine condition.

### The Deaths at the St. Louis Insane Asylum.

Four deaths occurred in this Institution, from careless administration of narcotics. The medicine administered was a mixture of Fluid extract of Conium, Bromide of Potash, Morphia and Atropia, as follows:—

| | | |
|---|---|---|
| ℞ | Fl. ext. conium (Squibb's), | ℥xv |
| | Water, | ℥iv |
| | Bromide of potash, | ℥iv |
| | Morphia, | gr. xxiv |
| | Atropia, | gr. ½. M. |

The four ounces of bromide of potash would add two ounces to the volume of the mixture, making twenty-two ounces. If a teaspoonful (or one drachm) was given (and from the testimony we have reason to believe much larger doses were given than was ordered), it would contain 43 minims of the conium, to say nothing of the other elements.

The lesson so dearly learned at this Institution is, that 43 minims of Squibb's Fluid Extract of Conium is an unsafe dose, unless habituated to its use. In the present case, doubtless, the physician prescribing a teaspoonful believed his patients accustomed to its use (*as two gallons Fluid Extract Conium had been used in the Institution during the two months previous*), while the fact seems to be that the article used was inert and worthless, hence his patients were not habituated to the use of conium.

### The Enemies of Life.

At the British Association, Dr. Symonds remarked that crowding and poverty are the two great enemies of life. The advantages gained by a town, as to its apparent death-rate, through the superior rank or well-being of its population, though undoubtedly great, are not so easily tested as those depending on natural or artificial climate. Very generally all these are found together, as is the case in Clifton, and other health resorts. Wealth seeks the best localities, and provides itself with the best artificial climate. It generally affects the death-rate, especially in childhood, and again in advancing life, particularly in women: though riches are not favorable to extreme longevity.

## Correspondence.

### FOREIGN.

#### Letter from Germany.

Dusseldorf, Sept. 1st, 1875.

Ed. Med. and Surg. Reporter:—

In this, the usual holiday season for Medical men in Europe, one is fortunate if he finds any of the great lights at home. At Utrecht, the head and centre of diseases of refraction and accommodation, I found that the great Donders was away in the Swiss mountains, as is his habit to be at this time of the year. His associate, Dr. Snellen, however, was in town, and with his characteristic urbanity showed me what was being done, at the "Netherlands Hospital for Diseases of the Eye," for the science of ophthalmology, to which it has already contributed so much. I regret exceedingly that I could not see the one to whom belongs so much of the honor of the application of the principles of physiological optics to practical ophthalmology, but one cannot have all his desires gratified, and I had to content myself with a view of the field of his labors. Prof. Donders, at this time, however, is not giving so much attention to ophthalmology as to physiology, leaving the former work more to his friend and confrére, Dr. Snellen.

I found here, as in London, that during the holidays the attendance of patients at the clinic falls off very appreciably. This can be attributed to two causes. 1st. A number of the patients and would-be patients are themselves away; and 2d. It has come to be a generally understood thing that the oldest and most noted surgeons are away at that time, and the common people share with their more aristocratic fellow-beings a desire to be physicked by men of renown. Still there were several cases of interest to be seen. Dr. Snellen showed me a number of cases in which he had operated for cataract, all doing well. He operates after the Gräfe method. In a case of glaucoma, in which he had made an iridectomy, after the operation the disease became much aggravated, and the intra-ocular tension was increased to such an extent as to push the crystalline lens upward into the wound. What most interested me, however, was the set of new trial

glasses which are to come into use after the meeting of the Ophthalmological Congress, at Heidelberg, the 12th instant.

The scientific world has long felt the need of a universal standard of measurement. In ophthalmology the employment of the inches of the different countries to designate the focal distance of glasses, and to mark the degree of ametropia, has always been confusing. A number of efforts have been made to adopt the metrical system, and to so number the glasses as to make the series more regular in graduation than the one now in use, but they have all failed until now. At the last congress it was decided that at this present meeting the matter should be settled, and after the 12th of September all measurements are to be taken after the metrical system, and the glasses are to be numbered according to a scale, a copy of which Dr. Snellen kindly gave me. The unit of measurement is the metre, and the glass of one metre focal distance (negative or positive) is to be numbered 1. This corresponds to 37 Paris inches. The lowest number is 0.25 corresponding to 4 metres and 148 Paris inches. The next is 0.5 = 2 metres and 74 Paris inches; then 0.75 = 1.333 metres and 49 Paris inches; then number 1 = 1 metre. The highest number is 20 = 0.050 metres and $1\frac{17}{20}$ Paris inches. These trial glasses are not yet obtainable, but will be after the meeting of the congress. Dr. Snellen also showed me the proofs of the new edition of his book of test types, which he is now getting out to correspond to this new standard of measurement. The large test types known as his, for testing distant vision, he has also modified. The size of some of the numbers, notably the old 100, which has been considerably increased in magnitude, has been changed, and made more gradually diminishing in size from the largest. The largest, formerly called 200, is now numbered 60, and should be seen distinctly, by a normal eye, at 60 metres. The smallest, the old 20, is now numbered 6, and should be clearly distinguished at a distance of 6 metres. The great importance of the adoption of this universal standard of measurement is apparent, and as ophthalmology, I think, is the first branch of science, at least of medical science, to adopt such a standard, it has an additional claim to be considered the most progressive department of medicine.

The prevailing type of eye disease here seems to be corneal affections, and most generally associated with a scrofulous diathesis. I saw one case of diphtheritic conjunctivitis; it, however, is of rare occurrence in Holland.

Here, in Düsseldorf, I found Dr. Mooren, just returned from his vacation, but quite unwell from a temporary illness. He was attending, nevertheless, to the duties of his large clinic, which, I must say, are far from being light. He begins seeing patients at 8 o'clock in the morning, and it is often 3 or 4 in the afternoon before he has finished. The average attendance, I was told, was 120 daily. His clinic is conducted on a principle different to that of any I have seen. He does no strictly private practice, but receives all suffering from ocular troubles in the same room, and they pay or not, as they are able. The majority of the working people paid something, generally about 10 silber groschen (about 25 cents); those better to do paid some more, but even the best class of patients were asked no more than one thaler (70 cents) for a consultation. Dr. M. has the reputation of having a passion for operating, and the table which he keeps, showing the number of his various operations, goes to show that he has been able to gratify it to no inconsiderable extent. The largest number of cataract extractions in any one year, according to this table, was 165, and the largest number of operations, all told, was over 900. In none of his operations does he use an anæsthetic. I saw him enucleate the eye of a boy without anæsthesia, and I must confess it looked somewhat more barbaric than scientific. Europeans, as a rule, and especially Germans, seem to have a fear of chloroform or any kind of anæsthetic. It is positively dangerous operating on the eye without an anæsthetic, in individuals who have not good control of themselves. I saw this exemplified in Dr. M.'s own practice. It was in a case of extraction of cataract, in which an iridectomy had been previously made. After he had made the incision, the patient, a woman, became quite nervous and rolled the eye strongly upward. The flap caught against the edge of the eyelid, and was doubled back, and the lens and a large amount of vitreous gushed out. This, I think, would not have happened had the patient been thoroughly under an anæsthetic and the eye passive under the hand of the operator.

In those cases of myopia which are progressing, Dr. M. has had great success with the atropine treatment. The cases most favorable for this treatment, he says, are those where the amount of myopia does not exceed $\frac{1}{10}$. In scrofulous keratitis, of which there is a great deal here, he has found a treatment of hot fomentations, applied for an hour or two, two or three times a day, atropine and a seton in the nucha, to prove more satisfactory than any other. Trachoma, or granulated lids, is treated with nitrate of silver, ten grains to the ounce. I would advise the ophthalmologist peregrinating through Europe to give Dr. Mooren's clinic a call, if nothing more, in passing, for among his large number of cases he will be sure to find something of interest, and above all, to find Dr. M. an affable and obliging gentleman.

Swan M. Burnett, M. D.

## DOMESTIC.

### The Contract System.

Ed. Med. and Surg. Reporter:—

With the latter clause of your editorial remarks, in your issue of September 11th, upon "The Contract System, and the Selection of

Union Physicians," I do not quite agree. A few years since the subject of providing the poor with medical attendance was discussed in our Village Medical Association, and resulted in a vote that none of the members should bid for their practice, but leave the poor to call upon the overseer, get an order for any physician he chose, and we would respond, charging the town a full fee for our services. We believe the poor should choose their physician as well as the rich, and towns are as able as an in dividual to compensate the physician for his services. Yours, etc., S. S. CLARK, M.D.

*St. Albans, Vt.*

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### Treatment of Skin Diseases.

ED. MED AND SURG. REPORTER:—

In No. 965 of the REPORTER, Dr. J. E. Lyons, of Huntington, Ind., replies to my article "On Driving in Skin Diseases," contained in the REPORTER for July 24th, 1875, in which, after commenting on my treatment of the case reported by me in by no means flattering terms, he tries to impress the reader with the opinion that the fatal result was caused by the "medicine taken in" the system by absorption, and not by the driving in of the skin disease. Let us see if the doctor's opinion as to the cause of the child's death is the correct one. The practical question to be determined is the one "which naturally arises" in Dr. Lyons' mind, namely, "was the disease driven in or was the medicine taken in?" Without saying that the disease was driven in, dried up, healed, or that it disappeared spontaneously, I think the evidence is decidedly *opposed* to the conclusion that the medicine was "*taken in*," and thus caused the death of the child. Whether the prescription (℞. Hydrarg. bichloride, ℈j, alcohol, ℥iv. M. Sig.—To be applied lightly, once daily) for the case treated by me "was bold in the extreme" or not, it had the desired effect, so far as the healing up of the eruption was concerned, and according to Dr. Lyons' plan, that should be considered good practice.

As to whether the child's death was caused by the absorption of the corrosive sublimate or not, the following considerations will, I think, enable us to determine; first, the frequent and free application of the wash did not increase the cutaneous inflammation as it should have done, according to Dr. Lyons' views, if the wash had been too strong; on the contrary, the eruption was rapidly disappearing. Secondly, if the medicine had been absorbed, it would have produced its constitutional effects upon the system just the same as though it had been taken into the stomach, excepting the local gastritis caused by the contact of the medicine. Thirdly, I do not know that hydrarg. bichloride, no matter how introduced into the system, ever produced inflammation of the brain. I have always been led to believe that its administration tended to subdue inflammation, not to originate it; and fourthly, the absorption of any medicine into the system would have been *immediately* followed by its specific effects. It could not have remained latent in the system for three or four days or a week, and then manifested itself in the form of an inflammation of the brain. That the inflammation of the brain followed the healing of the eruption, and was caused by its being driven in, so to speak, and that the wash had nothing to do with the fatal result, only so far as it was instrumental in driving in the eruption, I think the above facts and considerations will fully justify me in concluding.

*Enon Valley, Pa.* H. NYE, M.D.

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### The Treatment of Anæmia and Blood-poisoning.

ED. MED. AND SURG. REPORTER:—

In the REPORTER for September 4th, 1875, I find a case reported by Dr. Milton L. Humston. Permit me to make a few remarks upon it.

The patient had, according to the Doctor's statement, lost sufficient blood to render any ordinary woman anæmic in the extreme, having had hemorrhages from time to time, and some of them severe, from September 1st to her confinement, February 9th, and at that time it was of six hours' duration. Two days after her confinement, he says, "I was summoned in great haste to see her; found pulse 140; temperature 104; tongue dry; when I administered the following:—

| | | |
|---|---|---|
| ℞. | Hydrarg. chlor. mitis, | gr.x |
| | Potassæ chlorat, | gr.vj |
| | Pulv. opii, | gr.j. M. |

Sig. Take a powder every three hours, with spirits of nitre, one drachm, every hour."

This was at six o'clock, A. M. At four P. M., same day, he found teeth covered with sordes, etc.

This patient must have lost a large amoun of blood, diminishing the red corpuscles to a fearful extent. What effect would the above treatment have, continued for eight days, upon such a case? Headland, in his work upon the action of medicine, says, "The immediate effect of blood-letting is mechanical, weakening the force of the heart by diminishing the pressure on the vessels. Antimony diminishes the pressure on the vessels by weakening the force of the heart. And mercury does both of these by impoverishing the blood." This is accomplished by destroying the red corpuscles, which, in this case, were already diminished by the loss of blood sustained, both before and during confinement. The Doctor has recorded his treatment so that it reads, ten grains of calomel, six of potassæ chloras, and one of opium, once in three hours, and this he continues eight days! Heroic treatment in such a case, surely. It is useless to comment further upon this case; the result could not well be other than it was. The best authorities to-day recommend support and restoratives in blood-poisoning and anæmia, so as to restore the red blood, not to break down what little the patient may happen to have left in the system. Respectfully, etc.,

*Chicago, Ill., Sept.*, 1875. D. M. COOL, M.D.

# News and Misclelany.

### Philadelphia County Medical Society.

A conversational meeting will be held Wednesday, October 13th, at 8 o'clock, P. M. Dr. Oscar H. Allis will read a paper on "The Mechanism of the Shoulder Joint, with some thoughts upon the Probabilities of Dislocation or Fracture." The medical profession is cordially invited.

### Personal.

—The late John E. Spencer, M.D., of Morristown, New Jersey, by his will, bequeathed to the Jefferson College the sum of $1000, to be added to the building fund of the college, which has been promptly paid to the treasurer by Miss Florence Spencer, executrix. Dr. Spencer was a graduate of Jefferson College, in the class of 1870.

—David Porter, an old physician of Uniontown, Fayette county, died on the 22d. He was highly respected in that section of the State.

—Dr. Hercules Whitney, aged ninety-eight years, formerly a leading physician of Providence, Rhode Island, died there October 1st.

—Dr. Dieulafoy, so well known in connection with the instrument that bears his name, has been rewarded by the Academy of Sciences with the "Prix Monthyon," for his interesting work on "L'Aspiration des Liquides Morbides," and for the service rendered by his pneumatic aspirator to medicine and surgery.

—Professor Daubree, of the Paris Museum, was very nearly killed by falling in one of the hollows of the Auvergne mountains, under the influence of sunstroke.

—We are pained to announce the decease of Dr. Max Heller, of this city, who died Sept. 26, at the early age of 42. He had been an occasional contributor to this journal, and was a most intelligent physician.

### Items.

—At the close of July the cholera began to decline at Damascus, so that at the date of August 15 there were only thirteen deaths per diem. The origin of the epidemic is quite a mystery, as Hama is an isolated place on the borders of the desert. It is claimed to have been autogenetic.

—What is known as the "blind staggers," a mild form of apoplexy, is sweeping over several sections of New Jersey and Delaware, carrying off some of the most valuable horses in the two States. An epizootic complaint prevails among most of the horses in the Middle States.

—According to an article published by the *Pungolo*, of Milan, the cremation of a dead body, that of a Chevalier Keller, has been authorized and effected in that city, in the presence of several distinguished advocates of incineration.

## OBITUARY.

### DR. GEORGE W. PEETE.

The Petersburg (Va.) *Index and Appeal* has the following in refereuce to Dr. George Washington Peete and his grandson, who lost their lives at Galveston: "Dr. Peete was a native of Southampton, and a brother of Mr. Alexander Peete, of that county. His wife is a native of that county, also, and a daughter of the late Dr. Blunt, who distinguished himself during the famous Nat Turner insurrection. Dr. Peete was the City Physician and Quarantine Officer of Galveston. He resided for some time in Portsmouth, where, as well as in Norfolk, he was well known. He went out to Texas some years ago, settled in Galveston, and rose to that eminent position his talents and experience would naturally command. He was sixty-three years of age, a gentleman of fine personal appearance, graceful and elegant in manners, and of high integrity. His sad death will be widely regretted in Virginia."

### DR. B. F. HEADEN.

The *California Advocate* brings us information of the death, August 28th, of B. F. Headen, M. D., an influential and devoted official member of the Methodist Episcopal Church in Santa Clara, California. For the last twenty years he served as trustee of the University of the Pacific. About three months ago Dr. Headen was prostrated with disease, from which medical skill failed to relieve him.

### HORATIO STONE, M. D.

Horatio Stone M. D., a prominent Washington sculptor, who died at Carrara, Italy, September 21st, was in the sixtieth year of his age, and was born in New England. His earlier years were devoted to the study of medicine, which profession he afterward practiced for nearly thirty years. About 1846 he began modeling in clay, and the same time writing poetry, in which latter pursuit he was not so successful as in the former. As his modeling won him considerable local reputation, he was induced to leave Washington in 1848, with the intention of devoting his study to art. His efforts having met with success, the sculptor sailed for Italy in 1856, for the purpose of perfecting his art in the famous Italian schools. On his return to this country he produced several ideal heads and portrait busts, and undertook his most ambitious effort —a colossal statue of Prof. Morse—which, however, was not completed. In 1870 he produced a fine statue of the celebrated Dr. Harvey.

## MARRIAGES.

Hunter—Hill.—On May 18th, by Rev. F. T. Hoover, assisted by the Rev. D. H. Sloan, Dr. R. P. Hunter and Miss Rebecca Hill, of Leechburg, Pa.

Wilson—Cauda.—September 30th, at Brooklyn, New York, Dr. Milo A. Wilson and Miss Ada Cauda.

## DEATHS.

Edmiston.—At Weston, West Virginia, September 13th, Dr. T. B. Edmiston, of acute gastritis. Dr. Edmiston graduated at "Bellevue," New York, in 1868, and was in his 31st year at the time of his death.

Gould.—At Perugia, Italy, on the 31st day of August, 1875, Emily Bliss, wife of Dr. James B. Gould, of Rome, Italy, and formerly of this city, in the 54th year of her age.

Randle.—In this city, on the 26th ult., J. Schuler Randle, M. D., in the 33d year of his age.

THE

# MEDICAL AND SURGICAL REPORTER.

No. 972.] PHILADELPHIA, OCT. 16, 1875. [VOL. XXXIII.—No. 16.

## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

### THE ANTIPYRETIC TREATMENT OF TYPHOID AND OTHER CONTINUED FEVERS.

(A Paper read before the Medical Society of Allegany County, Md.)

BY GEO. B. FUNDENBERG, M.D.,

Of Cumberland, Md.

GENTLEMEN:—At several previous meetings of this Society I have alluded to some cases of typhoid fever which I was treating upon the antipyretic method advocated by Liebermeister and his German compeers.

Although I was at that time fully convinced that this eminently common-sense method was superior to any other with which we are acquainted, I was yet so unsupported by my own experience that I could only quote the observations of others. I am now, however, better able to make a statement founded upon my own trials, having given since then at least 100 doses of quinine, of 15 to 40 grs., and administered at least 250 baths.

When my attention was first called to the cold water treatment, I doubted whether it could ever be introduced into private practice, as even in the cities, in houses in which bathing facilities existed, the patient could not be carried to the bath-room as often as was necessary; but "Knowlton's Portable Gum Bath" obviates all difficulties, as this can be set up on two chairs by the bed-side, and affords a most luxurious and convenient arrangement.

The antipyretic method of treating fevers consists, as you are aware, in the systematic abstraction of heat by cold-water baths of ten minutes' duration, and at a temperature of 68°, F., and the exhibition, at proper intervals, of large doses of quinine, varying, according to age and other circumstances, from 15 to 45 grs.

It is stated by Liebermeister, and I can verify the statement, that it is vain to expect any antipyretic effect from small doses extending over a number of hours; that the entire quantity must be given at once, or within half an hour, if any considerable reduction of temperature is to be obtained.

As regards the comparative benefit to be derived from these two methods of reducing the temperature, I can fully endorse the opinion of Liebermeister, who says: "Notwithstanding the high estimate I place upon the cold-water treatment, and my positive conviction that it would be wrong to treat a severe case of typhoid fever without the systematic abstraction of heat, yet if I were forced to the unpleasant alternative of adopting only one or the other, cold water or quinine, I should, in the majority of cases, adopt the quinine."

As to the value of this treatment, it may be safely affirmed that all who give it a fair trial, and mark carefully the condition and bearing of patients under it, will be constrained to acknowledge its superiority over all other known methods.

Some of my medical friends, to whom I have spoken in favor of the method, have replied: "What is the use of a new practice when we cure all our cases by the usual expectant method?" Now if this were true, it would end all controversy, for the method that will cure all needs no improvement. But, unfortunately, this is assuming too much; for although in the

generally mild typhoid fever which has prevailed for some years the deaths are not many, yet we occasionally hear of fatal cases. It is not to be supposed that even the best method will cure all cases, for, according to Liebermeister's statistics, the new method affords a mortality of 8 per cent., as contrasted with 27 by the expectant plan. Now, although I am ready to confess that in the typhoid fever which we have had here for the last ten years the percentage has been greatly less than 27 per cent., I have no doubt that, whatever the real percentage may be, it would have been lessened in the same ratio by the antipyretic treatment that has obtained in Germany.

The question, therefore, is not what method will cure all, but which will afford the least percentage of mortality.

Every physician who has been called upon, heretofore, to treat severe cases of typhoid fever, must have felt how unsatisfactory that treatment has been, whether treated by alcohol, by acids, by turpentine, or by any of the various expectant methods. The fever runs on almost uncontrolled, the temperature, as measured by the thermometer, is not lowered half a degree by any of the anti-febrile remedies given at stated intervals, and the physician, looking on helplessly, feels how insecure is his patient's life. He cannot tell at what moment a sudden paralysis of heart or brain may foretell a fatal ending. Whereas, by the new method, by which he knows he can lower the temperature to a desired point at will, he feels the same security that the mariner does, who, looking at his compass, guides his ship safely through darkness and storm.

The clinical thermometer is the doctor's compass; by it he is warned of breakers ahead, and he who treats a case of continued fever without its aid, is like the mariner without a compass. For it is the temperature that kills. No one will deny the proposition that the chief danger of continued fever arises from the long continued elevation of temperature above the normal standard. It is by this continued and non-remittent heat that a deleterious effect is produced upon the tissues, resulting in a necrobiosis, as Virchow terms it, and which manifests itself by parenchymatous degenerations. And the degree of this degeneration corresponds distinctly to the height and continuance of the heat. Hoffman, whose extended investigations into this subject entitle his observations to much respect, says, "the elevation of temperature is a controlling element in the causation of parenchymatous degenerations."

When once this degeneration of the heart has reached a considerable grade, it is often too late for any treatment. It becomes the physician's duty, therefore, to treat the fever before such consequences have ensued. In the words of Liebermeister, "It is a poor excuse for the physician whose patient dies during the third week of typhoid fever, from sudden paralysis of the heart, to justify his hitherto expectant treatment with the declaration that, up to this time, no alarming symptoms had appeared, and no indication for active treatment been present; for if he had observed and known the significance of the temperature, he would have foreseen the evil, and might have prevented it."

The danger of a high temperature is conclusively shown by the histories of more than 400 cases in the hospital at Basle, during a period when no systematic antipyretic treatment was practiced. Among these cases those whose temperature did not reach 104° Fahrenheit, showed a mortality of 9.6 per cent.; of those who had a temperature up to 104°, 29.1 per cent. died; whilst of those whose temperature rose to 105.8° and over, more than half died.

And the danger increases with every day it is suffered to continue at an undue degree of elevation, for with every day the evil results, the degenerations of tissue, are augmented. Now, as even a single remission has a favorable effect, in relieving the system from these disastrous results, and affording a rest to the overburdened function, may we not expect a much greater benefit from many remissions, produced by any safe measures whatever.

If, therefore, it can be proven that cold water and quinine have the power of reducing the temperature to safe degrees, and if it can be shown that, guided by the clinical thermometer, they are devoid of all danger, may we not confidently predict that the antipyretic method will be generally adopted in all severe cases of continued fever, and that typhoid fever especially, so much dreaded, will in a great measure be deprived of its dangers.

As regards danger from the use of cold baths in fever, I have yet to see the first case in which any injury has been sustained, when given properly, and when no contra-indications exist. When regulated by the thermometer, I cannot conceive how any but good results can follow.

The slight chilliness that frequently follows is very transient, and is easily relieved by a glass of wine and external warmth.

And the same may be said of quinine; Liebermeister says he has given at least 10,000 doses, varying from 22 to 45 grains, and has yet the first instance to see in which any injury could fairly be attributed to the medicine, and Jurgesen has exceeded these doses safely.

The fear that exists at present in the minds of medical men, in regard to these large doses of quinine, especially among the older members of the profession, is only the natural result of life-long impressions, based, not upon individual experience, but upon the utterances of the leaders of medical thought. I think it is very probable that we shall be compelled to revise these opinions, and ascertain how much of truth there is in them. It will certainly do no harm to make trials, and upon these trials, and with minds open to conviction, return a verdict according to the evidence.

If we look at the writings of those who lead medical opinion in therapeutics, we shall no longer wonder at the distrust that is felt in the administration of such doses of quinine as those administered by Liebermeister and his colleagues.

Pereira, in his Materia Medica, says:—"In large doses, as 10 or 20 grains, sulphate of quinine has produced these classes of effects. 1. Gastro-enteric irritation, marked by pain and heat in the gastric region, nausea, griping and purging. 2. Excitement of the vascular system, manifested by increased frequency and fullness of pulse, and augmented respiration. 3. Disorder of the cerebro-spinal functions, indicated by headache, giddiness, contracted and in some cases dilated pupils, disorder of the external senses, agitation, difficulty of performing various voluntary acts (as writing), somnolency, delirium, stupor.

Dr. Wood, in the United States Dispensatory, uses the following language: "In large doses, from ℈j to ʒj, it occasions severe headache, loss of sight, vertigo, deafness, dilated and immovable pupil, loss of speech, general trembling, delirium, coma, and great prostration. It also occasions gastric and intestinal irritation, marked by oppression of stomach, nausea, abdominal pain, vomiting and purging. It has even been said to have caused permanent deafness. Given largely in disease it has repeatedly caused fatal results, not so much, however, by its peculiar action, as by coöperating with disease in establishing intense local irritation or inflammation, especially in the brain. From its occasional effect in diminishing the frequency of the pulse, and the general strength, it has been supposed to be essentially sedative in large doses. But the probability is that the apparently sedative effect upon the circulation arises from an overwhelming stimulant influence upon the cerebral centres, whereby the system is deprived of the support of those centres, and the heart's action is depressed with the other organic functions. In the present state of our knowledge, therefore, it is safest to consider sulphate of quinine as a direct and powerful stimulant to the brain."

These quotations from the text-books might be multiplied, but uselessly, for they are all of the same tenor. That these pictures of the dangers of large doses of quinine, in diseases generally, are drawn from the imagination and not from the bedside, I have not the least doubt; I am quite sure that in typhoid fever, and other continued fevers in which a high temperature prevails, they may not only be given with impunity, but with unparalleled benefit. I have given at least 100 doses, of 15 to 40 grains, to at least thirty different individuals, of both sexes, from the age of nine to fifty, and with great diversity of temperament and condition, and I have seen no injurious result from any dose. I have seen no gastro-enteric irritation in any case, no excitement of the vascular system, but, on the contrary, a positive sedation; no serious disorder of the cerebro-spinal system, no undue somnolency, no delirium, no stupor. Neither have I seen any loss of sight, no dilated and immovable pupils, no loss of speech, no permanent deafness.

I cannot, therefore, agree with Dr. Wood when he consider, it "a direct and powerful stimulant to the brain." The statement is too general. It must be remembered that medicines very often act differently in health and in disease. I have yet to meet with a single instance in which doses not less than fifteen grains to children of nine years, and from twenty to forty to adults, have not produced effects, in fevers with high degrees of temperature, very much to be desired. As to the dangers, and especially the fear of fatal results, of such doses, they are not sufficient to deter any conscientious physician from their use. I do not be-

lieve that ten authentic cases of death from such doses of quinine can be produced in the records of medicine. But, if even twenty such cases could be adduced, would that be a sufficient reason to proscribe their use altogether? Would not the same reasoning prevent us from using *any* of our most valuable medicines in efficient doses?

If any gentleman will name a drug or remedial measure that will reduce the temperature to the same extent and more safely than quinine, I will use it in preference; but until I can find as efficient and as safe a substitute with which to fulfill the all-important indication in fever, viz., to reduce the temperature, I shall continue to regard it as a medicine of inestimable value, when properly used, and as standing at the head of all febrifuges.

The fear of producing cerebral determinations in fever, in cases in which the head is already hot, with severe headache, with throbbing carotids, and even delirium, is, I am satisfied, chimerical. I have repeatedly used it under such circumstances, and have never known it to produce any injurious results; but, on the contrary, I have known large doses to cool the head, calm the throbbing arteries, relieve pain, quiet restlessness, procure sleep, and induce perspiration. And I have not only seen these effects follow the medicine occasionally, but almost *invariably*.

For instance, a young lady in the second week of fever, with so strong a determination to the head that I was compelled to keep ice bladders applied during three weeks, was in the following condition: She had a temperature of 105°, with severe headache and flushed face, with the head intensely hot, a pulse of 120, a dry skin, and ice-cold feet and hands, and she had not slept for several nights. In this condition, at 6 P. M., she took thirty grains of quinine.

Now here was a state of affairs which, according to the teachings and opinions of even modern physicians, would have strongly contra-indicated *any* dose of quinine whatever, and many gentlemen would have said that to give a patient in such a condition half a drachm of quinine, would be to put her life in imminent jeopardy.

But mark the result. In two hours after, the heat, as indicated by the thermometer, was 101°; she felt a roaring like that of the sea in her ears, but there was no cerebral excitement, and none of the circulation. The previously hot head was cool and perspiring, the flushed face was pale, the throbbing carotids were calm, and the ice-cold extremities were hot. The quinine had evidently cooled the brain and driven the blood to the extremities. That night she slept the greater part of the time, and at 6 A. M. her temperature was 99°. Nor can it be said that this was a coincidence, for during this attack she was again in the same condition, and the same dose produced precisely similar effects. I had never before seen a single dose of medicine fulfill as many indications and produce such remarkable results.

How these effects are produced, may be left to the theorists. Whether by a contraction of the arterial tunics, or by a direct sedation upon the nervous centres, we do not know; but it may be safely affirmed that quinine does not act, as Dr. Wood has it, "by an overwhelming stimulant influence upon the brain."

I will adduce but one more case as illustrative of the fact that quinine is not a cerebral stimulant, but a direct sedative in fever.

A married lady, aged 37, who has been for nine years epileptic, was attacked with typhoid fever of a severe grade. She is, most probably in consequence of her epilepsy, exceedingly nervous, and has had, for several years, a sensation of pressure on the brain, with despondency, and fears of mental alienation. This lady, shortly after the beginning of her fever, lapsed into delirium, which lasted for three weeks. She had headache, a suffused countenance, injected conjunctiva, and a dry tongue. Notwithstanding these symptoms, she took, at intervals, three doses of quinia, of twenty-five grains each, with the most desirable effects. After each dose she slept the greater part of the night; the head became cool, the skin moist, the pulse much lessened in frequency, and the heat fell from 103·8° to 99°. In short, the medicine acted as well as in all other similar cases in which I have used it.

As regards the use of the thermometer in the treatment of continued fever, it is difficult to conceive how a rational course can be pursued without its aid. The means of ascertaining the degree of heat, which were at our command formerly, were all uncertain and liable to mislead. The pulse, we know, does not hold an invariable relation to the temperature, and cannot, therefore, be depended upon. The heat of the skin as ascertained by the touch is yet

more unreliable. In short, before the thermometer, we could guess at the temperature, and that was all. Although the increase of urea in the urine is a much more delicate test of the amount of tissue metamorphosis than the thermometer, yet, as it stands in a direct ratio to the elevation of temperature, and as every degree of heat above the normal represents a definite amount of urea, the thermometer affords a sufficiently exact indication, and stands unrivaled as an easy and reliable guide to safe and efficient practice.

The curve of the temperature as ascertained by the thermometer is a very reliable guide in the diagnosis of typhoid fever, as distinguished from the remittent and sub-continued types, but it positively loses all its value in this respect when the patient is under the antipyretic treatment, for the violent perturbations from the typical curve produced by this treatment leave no trace by which to diagnose a difference. But under the expectant method the thermometer regains its power as a diagnosticator, for here the natural curve is but little, if any, interfered with.

## ON SO-CALLED "ENLIGHTENED SEXOLOGY."

BY FRANCIS H. MILLIGAN, M. D.,
Of Wabasha, Minn.

This is what Dr. W. M. Smith, of Atkinson, Ill., speaks of in his article to the MEDICAL AND SURGICAL REPORTER, September 25th, 1875. I do not deny the great prevalence of abortion practiced by the so-called Christian and enlightened American women. I must, however, take issue with the doctor, when he asserts that a physician has been regularly educated who has no more knowledge of the modes of producing abortion than by "a wire with a handle." No State in the Union has done more, through physicians' influence, to have laws enacted to prevent abortion than Minnesota; and up to the last session of our Legislature we thought we had a law on our statute books, but the enlightened views of a Legislature that the Hon. William King thought did not amount to a great deal changed the law *radically*.

Years ago, in my good old mother's state of Pennsylvania, abortions among married women were the exception and not the rule. Little was then known of "Enlightened Sexology," and very little bromide of potassium was used. Christian and enlightened women considered it a crime of the worst kind, and I assure you that if the number of children in our old Pennsylvania families was anything to judge by, the rights of the husband were not neglected.

This whole question of the "sexual problem" is unworthy of the age, and is the necessary outgrowth of a society recovering from the effects of a great civil war. Marriage is a voluntary agreement, made sacred, as it should be, by the laws of God. People who are married should have children. How often, in our old Pennsylvania homes, have you and I heard the compliments given to a newly married couple, "May you prosper and have many children." Go back a quarter of a century, and tell me honestly if there were any wives of intelligent Christian gentlemen pathetically exclaiming, "I count the days till I shall be fifty." How much of this view expressed by this wife was the result of "Amended Woodhullism;" and how much, alas, was the result of the false Christian doctrine inculcated, probably, by some of our modern clergymen.

Would that I had the eloquence of a Charles D. Meigs, or a Thomas D. Mütter, to arouse my professional brethren (more particularly those of the younger class), to admonish them to pause and think before they lend themselves to this new idea of the "limitation of the offspring of lawful marriage." It is now the source of more than two-thirds of all the diseases with which our married women are afflicted. It tends to make her who should be the head of a household irritable to children, husband and friends; and too often drives the husband to seek the society of a "frail sister" for that reasonable sexual indulgence which is, and should be, enjoyed by every married man and woman in usual health.

I cannot agree with those who maintain that there is any need of instruction in "sexual hygiene." I think this whole subject can be illustrated sufficiently by the knowledge which is now imparted by the text books on physiology, which are now used in all our higher schools and academies. I am decidedly opposed to the introduction into our universities and normal schools of this new idea of "sexual hygiene." A mother's influence and a father's authority, governed by Christian precepts of the "old kind," would, in my opinion, be all that the young of either sex would require. Let us, as American citizens, take warning of the na-

tions of the past. Imperial Rome, with all her grandeur and greatness, fell. The luxury, debauchery and immorality of her citizens were, no doubt, the cause, of all others, of her decline. Among certain classes of American women child-bearing has become vulgar and unpopular. Their lives are too much devoted to the calls of society. Fashion, to them, is everything, and in these glorious days of the Republic it is not considered fashionable to bear children, even in honorable wedlock.

## POISONING BY "RHUS TOXICODENDRON."

(Letter from Fauquier Co., Va.)

In my letters to you from this State, I have always endeavored not only to make them agreeable to read, but also to have them contain some useful medical facts. Last year I gave an account of the various springs, from personal observation, and this summer I shall tell you of an interesting case of poisoning from the poison ivy.* I have found a new and valuable remedy for its relief, with a detailed history of the case.

I. E., aged 29; healthy, robust and strong; a gentleman farmer by occupation; has been subject to most severe and violent attacks of inflammation, vesication, and long-continued suppuration, from the poisonous influence of rhus toxicodendron, or poison oak or ivy. At twelve years of age he had his first attack, while at school at Pottstown, Pennsylvania. On the evening of the day of exposure the vesication showed itself on the fore-arm, neck, and subsequently, all over the body, even to the scrotum. His friends first employed a solution of common salt and saleratus as a domestic remedy. This was followed, by the doctor's directions, by a solution of acetate of lead, which gave him a slight amount of relief, but it was considered best to have him return to his home in Philadelphia, where his physician recommended the parts, which were now discharging freely, to be painted with lead paint thinned with linseed oil, and administered twenty drops of tincture of sesquichloride of iron, three times a day. It was five weeks before the attack was relieved. His second attack occurred at Claymont, Delaware. He used the white-lead paint, and some one recommended gunpowder and water, to relieve the itching, but it almost set him wild. He consulted a physician, who used the old remedy of acetate of lead. This attack did not last quite as long as the first.

Two years after he went to California, and while hunting in Sonoma county, six miles in the country, he had another attack; not having any medicine, he had to resort to the only thing they had, the gunpowder and water, until he returned to San Francisco, when he was advised to use the steam baths, but he was not well for three or four weeks. He came to Virginia in 1867, and from that time to the present, has had four different attacks; in these he employed the old remedies, but with about the same tedious results, and in one instance a physician ordered a mixture of ammonia and sweet oil, which caused the vesicles and pustules to run into a complete ulcer, which required a longer time to heal than any former attack, and left cicatrices on the arm.

In his last attack, during this summer, he was recommended a new remedy, which is known as yellow wash, and is made as follows:

℞. Corrosive sublimate, gr.xx
Lime water, ℥v.

These ingredients are to be mixed, and the bottle well shaken, and applied to the parts with soft pieces of linen; the result was most marvelous, for in twenty-four hours the itching, burning and smarting all disappeared. The lime water may have acted as an antidote to the volatile acid. It must not, however, be forgotten that the corrosive sublimate is a most violent mineral poison, and must be used with care.

*This is not an ivy, but belongs to the sumach genus. Its leaves have a glossy look, arranged in threes, resembling the common sumach, but broader. In this season the leaves assume a great variety of brilliant colors and are very attractive. There is another variety of rhus (rhus venenata), which is more poisonous. It is a small tree; its common name is "poison dogwood, or poison sumach." The virulent principle of both these plants is a volatile acid.

# Medical Societies.

## NEW YORK PATHOLOGICAL SOCIETY.

Stated meeting, September, 22d, 1875. Dr. Delafield, President, in the chair.

### Diaphragmatic Hernia—Perforation of the Intestine—Peritonitis—Death.

Dr. F. R. S. Drake presented a specimen of ulceration of the intestine, and protrusion of the omentum through the diaphragm, with the following history:—A mason, aged forty-two, had been knocked down two years ago, while he

was working, forcibly flexing his knees against the chest; after that he vomited blood several times, and complained of pain on a line with the lower border of the ribs, on the left side. He was received into the Ninety-ninth Street Reception Hospital, where he remained four months; after this he could perform but light work. On August 24th, while at work, he was seized with griping pains, and on the 27th was admitted to Charity Hospital. The abdomen was distended with gas, but no tenderness on pressure at any point; the bowels were constipated; pulse normal, and no fever. He remained in this condition for three days. On August 31st he was taken with nausea and vomiting, and complained of intense pain in the left hypochondrium, shooting to the right iliac fossa; the tympanites increased. His condition became more critical, and he died on September 2d.

*Autopsy.*—The intestines were matted together, and covered by a fibrinous exudation. The abdominal cavity contained a large amount of fecal matter. A portion of the omentum had protruded through the diaphragm into the pleural cavity, and had become strangulated. The intestine had been intensely congested above the constriction, while ulceration and perforation of its coats existed below. The pleural cavity contained four ounces of fluid.

**Ovarian Cystic Fluids.**

Dr. Sell exhibited two different specimens of fluids taken from ovarian cysts. The first was cholocate-colored, and taken from a woman who had been suffering from dyspeptic symptoms and abdominal pain. The doctor removed forty pints of fluid, of a specific gravity of 1020, and composed of albumen, pus, blood and ovarian granules; the tapping relieved her greatly, but she is now larger than she was before, and ovariotomy is contemplated. The second specimen was of a lead color, and obtained from a woman aged forty-two, married, who had menstruated irregularly, and had never been pregnant. About last January she noticed an enlargement of her abdomen, and complained of pain; this continued for some months, and though she consulted several physicians (both regular and irregular), no diagnosis was arrived at. When the doctor saw her, she had been suffering from dyspepsia for some time; was jaundiced, and still complained of abdominal pain; he tapped her, which relieved all symptoms.

**Congenital Sarcoma of Fore-arm.**

Dr. Post presented a specimen of congenital sarcoma, involving the lower portion of the fore-arm. The tumor was of a reddish color, and firmly attached to the lower half of the radius. At the birth of the child the tumor had been discovered, and thought to be malignant; its vascularity had been so great that profuse hemorrhage followed the puncture of a needle, which, however, had been controlled by pressure. No hereditary history of cancer could be obtained from the parents. Amputation had been performed at the elbow-joint when the infant was thirty-two days old. Dr. J. W. S. Arnold, who examined the tumor microscopically, pronounced it a sarcoma. The president stated that this had been the first case of the kind presented before this Society, but that similar ones were to be found reported in the last Guy's Hospital Reports.

**Pott's Disease.**

Dr. E. P. Gibney exhibited the spinal cord of a boy, aged sixteen, who had been the subject of Pott's disease, and had died of pneumonia on September 13th. The autopsy had revealed a curvature of the spine in the dorsal (sixth, seventh and eighth) region; at about this point a sac was found, composed of a soft, cheesy mass; the body of the eighth dorsal had disappeared, and the ninth and tenth were partially gone; there was an absence of blood vessels over the seat of the disease, though they could be traced above and below. The cord was in a state of atrophy at the seat of the disease.

Dr. Janeway believed that pressure upon the cord had been the cause of the atrophy.

The President thought that in these cases the paraplegia was the result of inflammation only, and was not due to any disease of the cord itself.

Dr. Janeway was of the opinion that a local anæmia of the cord caused the paraplegia, and that no change or inflammation occurred.

## PROCEEDINGS OF THE NEW YORK MEDICO-LEGAL SOCIETY.

The first meeting of this Society, after the summer vacation, was held on the evening of Thursday, September 22d, at the College of Physicians and Surgeons, corner Fourth avenue and Twenty-third street, the first Vice-President, Dr. R. I. Parsons, in the chair.

The minutes of the previous meeting were read and approved.

At the request of the secretary, the report of the Executive Committee was laid over until the following meeting.

The paper of the evening was then read by Dr. M. N. Miller, the assistant secretary, at the request of the author, Mr. R. S. Guernsey, entitled: "The Penal Laws Relating to Suicide in Ancient and in Modern Times."

The author took a very wide scope of the subject. He did not use the word penal in its narrow legal sense, but in the broad sense of penalty of every kind and nature; legal, moral, social and religious. There are two classes of voluntary deaths; one is selfish and the other is where it is for others. The first suicides recorded in Jewish history are those of Saul and his armor bearer. Samson's death cannot be regarded as suicide. It is not prohibited in the Bible. Reference was made to the Oriental

countries, and India, China, Japan, and the antiquity of views in regard to self-slaughter. The stoical view of it was, that it was not immoral, and was even praiseworthy in many cases. This was owing to their peculiar philosophy in regard to man. The ancient Greeks were not unanimous in their approval of their liberty to commit suicide. The views of Pythagoras, Aristotle, Cicero, Apuleius, Plato, Cæsar, Ovid and others, were given, and the historical and chronological steps of the progress of public opinion and the laws on the subject were given. The attitude which the teachings of antiquity, and especially of the Stoics, on the one hand, and of almost all modern moralists on the other, assumed in regard to their conception of death, appears very plainly in their view of suicide. For this modern view of it among us we are indebted to the great Church of Rome. The doctrine of future rewards and punishments, which is so prominent in the New Testament and the Koran, is the foundation upon which it was mainly built in religion. The first movement in the Roman Church was at the Council of Arles, in the Fifth century, where it was pronounced to be the effect of a "diabolical inspiration," and at the Council of Prague, in the following century, it was ordained that no religious rites should be celebrated at the tomb of a suicide, and that no masses should be said for his soul. A few years later the Canon Law ordained the same thing to a wider extent, and it was considered that a suicide "died in mortal sin," and could never enter the paradise of the blest. The progress of public opinion and the adoption of the Canon Law, and the practices in regard to the body and the property of suicides were sketched. During the whole period of Catholic ascendancy the act was more rare than before or since, and under the government of Catholicism and Mohammedanism suicide, during many centuries, almost absolutely ceased in all the civilized, active and progressive part of mankind. The position which the Roman Catholic Church and its propagators took in its early days and in its strength and vigor is still maintained by it and its two main branches, the Greek Church and the Protestant Episcopal Church, in regard to burial rites and ceremonies. The view taken of suicide in the literature and art of these times was illustrated. The growing extent of modern statute law in all European countries and the United States was stated.

By reason of the length of the paper the reading of the portions relating to the law in regard to aiding and abetting suicide, and as affecting testamentary capacity and life insurance, was omitted. The author's reflections upon the subject at the conclusion were, in substance, as follows:—

Self-preservation is, unquestionably, the natural law, which is an instinct of all animal life. If it were not more prevalent than the destructive agents without and within organic beings, they would all sooner or later become annihilated. Love of life, therefore, is, and must be, the natural selection for its preservation; and death, and the fear of it, is, and must be, naturally shunned, for the same reason.

Man is the only being in all animal life, with one exception, that ever commits willful and deliberate self-destruction. The scorpion will sometimes sting itself to death when its hope of life is gone. Byron has graphically described this in his poem of the Giaour, in the following lines:—

> "* * like the scorpion girt by fire,
> In circle narrowing as it glows,
> The flames around their captive close,
> Till inly searched by thousand throes,
> And maddening in her ire,
> One sad and sole relief she knows—
> The sting she nourished for her foes,
> Whose venom never yet was vain,
> Gives but one pang and cures all pain,
> And darts into her desperate brain."

There are and must be times when the natural instincts are overcome or lost, and then some other strong and counteracting influence must be brought to bear to preserve or to restore them to power and healthy action. Religious influence should be encouraged as a solace, and as having a penalty in regard to suicide. It is unquestionably the duty of a State to use any and every means to protect and preserve its members from destructive agencies, from whatever source they may come. However useless and burdensome the suicide himself may be regarded by the community or by his relatives and friends, his example should not be allowed, for some more worthy person may be tempted, in a moment of despondency and madness, to follow the unfortunate and cowardly course to escape the ills and ails of life, instead of "taking up arms against a sea of troubles," and bravely fighting the battles of life through any and every adversity, always hoping for the better in the sharp extremities of fortune; and by thus living heroically in the path of duty and right, he will die a heroic death, and at the last he can exclaim, with Paul, "I have fought a good fight." Such examples will have beneficial effects.

We have only given a brief sketch of some of the points of the paper.

At the conclusion of the reading, pending a motion for its acceptance, a very animated debate occurred.

On motion of Mr. Riddle, the paper of Mr. Guernsey was adopted, and the hearty thanks of the society tendered him for his very able, interesting and comprehensive essay.

It was mentioned by the chair that the Medical Society of the County of New York had undertaken to prosecute certain irregular practitioners of medicine in that city, and that they desired and asked the coöperation of the New York Medico-Legal Society in the matter. Whereupon

Hon. Geo. H. Yeaman moved, and it was adopted unanimously, that a committee of three be appointed from the society to meet with the censors of the Medical Society of the County of New York, for the purpose of conferring with

them in regard to the prosecution of irregular practitioners under the law of 1874, entitled "An act to regulate the practice of medicine and surgery in the State of New York," said committee to be designated by the chair.

The president pro tem., Dr. Parsons, then appointed as such committee Dr. John R. Peters, Hon. Geo. H. Yeaman and Mr. R. S. Guernsey.

The society then adjourned.

# Editorial Department.

## Periscope.

### The Management of Chronic Dysentery.

Two cases of this most obstinate disease are reported by Dr. C. Handfield Jones, in the *Medical Times and Gazette*, one fatal, one recovery. We give the latter and some of his remarks.

J. P., aged thirty-two, admitted December 22, 1874. Ill six weeks; has lost much flesh. Bowels usually act eight or nine times a day; the stools are on some days loose, on others more solid; he passes a little blood at times. Abdomen collapsed; feels sore all over; the soreness is most at lower part and left side; he feels, he says, sore inside. He has nausea at times, but no vomiting. Pulse 96, open, soft; tongue pale and natural; neither liver nor spleen enlarged. Has been in India and Africa: has had some fever. Ordered simple diet, rice pudding, beef jelly; and

℞. Gummi rubri, gr.x
Glycerinæ, ʒj
Aquæ, ʒj. M.
Quater die.

December 24th. Temperature 98.6°; pulse 64; respirations 20. Stools more consistent; the last slightly streaked with blood. He feels a good deal better.

28th. Five stools in the last twenty-four hours. Two eggs. Fotus tereb. abdomini.

January 4th, 1875. Is in bed. Reports that the turpentine stupes caused the stools to be more frequent and bloody.

℞. Pt. c. mist., gr.xv
Gummi rubri ad., ʒj.

7. Has had seven stools a day since last report. Catarrh very prevalent. To have

℞. Argenti nitratis, gr.vj
Aquæ dest., ʒiv
Tinct. opii, ♏x.
Pro enemate, bis die.

9. Enemata have been retained fairly well, but the stools have been more frequent and bloody; one I saw was scanty, consisting of membranous shreds or flocculi and blood. Pulse 100, feeble; not much pain.

℞. Pulv. ipecac, gr.v
Mist. mucilag., ʒss M.
Ter die.

11. Better. Only four stools.

14. Three stools a day. Is up; feels better; little or no nausea from the medicine. Fish.

18. Four stools a day. Is up and about; ordered again to bed.

℞. Ext. ergot, liquidi, ʒj
Aquæ, ʒj. M.
Quater die.

On the 21st there were only two stools, on the 25th only one; and this improvement was maintained until his discharge (February 4th), although he had been allowed to be up and about after January 28th.

*Remarks.*—It is always satisfactory when we can comprehend the action of our remedies in a case of disease, especially when that disease is a representative one. Now, dysentery evidently represents in great measure the large family of catarrhs, although there is also something specific about it, and it is prone to become a good deal more than a catarrh. Its chief peculiarity seems to lie in its tendency to affect the "substratum" of the mucous membrane, that layer of nuclei and granular matter underlying the basement membrane of the surface, to which the solitary glands belong, and to which I specially drew attention twenty-seven years ago, in the London *Medical Gazette*, 1848. This constituent of the mucous membrane is apt to become infiltrated with exudation, while the basement membrane and epithelium perish. The causes of dysentery seem to be such as impair or annul the special endowments of arteries and capillaries. Malaria, foul air, excessive heat alternating with chilling cold to the cutaneous surface, are all very capable of producing these effects. One great feature in the dysenteric state, indeed, the principal in all but the earliest stage, is the loss of the proper action of the blood-vessels. The arteries are relaxed, or very prone to become so, and the capillaries leaky; and as long as this condition persists, the symptoms, even if they subside for a brief time, are reproduced by the least provocation. To amend this defect, astringents, to restore retentive power to the capillaries, and tonics, to promote contractility in the arte-

ries, seem rational remedies. But for their success it is requisite that they shall be of such a kind, and given in such doses, that they do not become irritants. This is a very important limitation of their use, and for want of due regard to it an otherwise suitable therapy may quite fail. In one case under my care, four grains of tannin and one-fourth grain of opium, quater die, aggravated the dysentery a good deal, but half an ounce of tincture of aspastic bark, ter die, which contains tannin in some peculiar form, quickly cured it.

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**The Manipulation of Adhered Placenta.**

The following directions are given by Dr J. G. Swayne, in the British *Medical Journal*:—

If the cord be tightly encircled by the os uteri, the constriction should be overcome by insinuating the tips of the fingers into the os in a conical form; whilst the right hand all this time is making counter-pressure upon the fundus uteri, so as to steady that organ. Should these precautions be neglected, the connections between the vagina and the uterus may be put very injuriously on the stretch, especially if the circular fibres of the os oppose much resistance to the introduction of the hand. As the tips of the fingers pass through the os, they should be gradually expanded and separated from one another, until, by sheer fatigue, they overcome the contraction of the uterine fibres, so as to allow the passage of the entire hand into the uterus. When this is accomplished, the next step is to pass up the hand sufficiently high to reach the placenta. The distance which it has to pass before this can be felt will depend very much upon the position of the placenta and the degree of contraction of the uterus. If the placenta be attached, as it usually is, to the fundus uteri, or if the uterus be in a flaccid condition, it will be necessary to pass the hand much further than when the placenta is attached lower down, or when the uterus is well contracted. I have sometimes had to pass the hand quite into the epigastric region, in search of a retained placenta. As soon as the placenta is arrived at, the fingers should be spread out, taking care not to entangle them in the membranes, until the circumference of the placenta can be felt. If any portion of the circumference be already detached, the tips of the fingers should be cautiously inserted between this portion and the inner surface of the uterus, and the placenta gradually peeled off. All this time, the right hand, externally applied, steadies the portion of the uterus from which the left hand is detaching the placenta, and enables the accoucheur to estimate the exact thickness of the uterine walls included between the hands, so that he can avoid digging his nails into the substance of the uterus. There is sometimes considerable danger of such an accident when the adhesions are very firm and close. There is also considerable danger of leaving portions of placenta behind: a risk that one can readily comprehend in such cases as those described by Dr. Ramsbotham, who states: "I have opened more than one body where a part was left adherent to the uterus, and where, on making a longitudinal section of the organs, and examining the cut edges, I could not determine the boundary line between the uterus and the placenta, so intimate a union had taken place between them." In all such difficult cases, it will be necessary to sever the adhesion by using the finger-nails with a kind of sawing motion from side to side. The tips of the fingers are placed in a line like the edge of a saw, keeping the palm toward the placenta and the knuckles toward the uterus, and the sawing motion is continued very slowly and gradually, until the entire placenta is separated and falls into the hollow of the hand. This proceeding sometimes requires a great deal of patience, and is exceedingly tiring; but the accoucheur should take his time about it, working with both hands, and making his ground sure as he goes on, and not withdrawing his hand with the placenta until he is certain that he has brought away every part of it that can be safely separated. It is very seldom, comparatively, that the adhesions are so firm that this cannot be done. Should this, however, be the case, we have a choice of evils: either to run the risk of causing secondary hemorrhage and septicæmia by leaving portions behind, or of causing metritis from injury to the uterus in bringing them away. For my own part, I think that the last of these two courses is the least dangerous, except in very unusual cases. I have notes of only two instances in which it was necessary to leave any portion of consequence behind. Fortunately, in both, the pieces were expelled on the third day, without having caused any untoward symptoms, although in one the piece expelled was as large as a hen's egg. Of course, in all such instances the dangers of septicæmia should be guarded against, as much as possible, by the frequent use of vaginal injections containing Condy's or other disinfectant fluids.

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**Acute Fatty Degeneration of the Heart.**

Dr. T. H. Green read, at a meeting of the Clinical Society of London, notes of the case of a girl, aged nineteen, who was admitted into Charing-cross Hospital, under his care, suffering from heart disease. She had a moderate amount of mitral obstruction, with regurgitation and enlargement of the right ventricle. The girl was weakly and anæmic; but whilst she kept quiet and was well fed, her heart did its work sufficiently well to prevent the occurrence of any marked cardiac symptoms. There was no trace of anasarca, or of any pulmonary symptoms. After she had remained in the hospital about seven weeks—as, with the exception of some anæmia and debility, she seemed fairly well—arrangements were made to send her into the country. At this juncture menstruation reappeared. It had been absent for three months. It was more profuse than usual, and the girl now commenced to vomit her food. The

vomiting persisted, and the girl died in six days, with symptoms of exhaustion, and failure of cardiac power. At the post-mortem examination, the heart was found enlarged, especially the right ventricle and left auricle. The mitral orifice was contracted and funnel-shaped, and the orifice would admit a large forefinger. The muscular tissue of the heart had undergone extensive fatty metamorphosis; this was universal. The aorta was very narrow, and below the orifice of the large vessels from the arch would admit only the tip of the little finger. The vessels generally, like the heart, had undergone fatty metamorphosis, but to a less extent. The other organs presented the appearances which result from moderate but long-continued mechanical congestion.

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### Croup and Diphtheria.

The eminent surgeon, M. James Spence, has the following remarks in a recent address:—

In speaking of operations in croup, I have used the terms simple and diphtheritic croup; and I have done so advisedly, because, whilst the average results of my operations have been as good in the one disease as in the other, I consider them as essentially different diseases, and I do not believe that an extended experience would give the same amount of success in diphtheritic as in simple croup. It has been with no small amazement I have read some of the views recently propagated, that croup and diphtheritic croup are identical. I can hardly conceive two diseases more different, whether we consider them in their causation, symptoms, or sequelæ. In one feature, doubtless, there is similarity, because when, in diphtheria, the air-passages become affected, the presence of the membrane exuded necessarily gives rise to the same physical symptoms as to sound of voice, breathing, and asphyxiating paroxysms, as the false membrane in simple croup does. But in diphtheria, the exudations in the larynx or elsewhere are the local expression of a special blood-disease, which may, and often does, destroy life without affecting the air-passages at all, whereas, in simple croup, the false membrane is the result of a local inflammation. The causes or circumstances in which the two diseases originate are, according to my experience, very different. Ordinary croup almost invariably arises from exposure to cold, or occasionally from some source of local irritation, leading directly to inflammation of the mouth, as dentition. It is most frequent during cold moist weather, and specially during the prevalence of easterly or northeasterly winds. The late Professor Alison used to say that, according to his observation amongst the poorer classes, the affection most frequently occurred between Saturday night and Monday morning; and he attributed this to the custom of washing the floors of the rooms on the Saturday night, after the children were in bed. Diphtheria, on the other hand, prevails at all seasons and during all kinds of weather, sometimes as an epidemic, and then generally coincident with scarlet fever, but always more or less connected with, or influenced by, the effects of sewage emanations or imperfect drainage. Hence we meet with it more frequently amongst the better classes and in houses with modern accommodations, such as fixed wash-basins and water-closet accommodation in immediate connection with nurseries or bedrooms.

Diphtheria is undoubtedly infectious, both by direct contact of the sputa with a healthy mucous surface, as has been too often proved by members of our profession and by mothers, or by emanations from the affected person, as evidenced by the manner in which it spreads in a family. Simple croup, as I have been accustomed to see it, has no such contagious or infectious character. In dispensary practice, I have frequently seen a child affected with croup lying in a confined room amongst other children; but I never knew the disease to spread as diphtheria does. The peculiar nervous affection, the paralysis which follows diphtheria, has no counterpart in ordinary croup; nor, in cases of simple croup, were we accustomed to see the white leathery pellule on the tonsils or fauces, though it was a very common disease in Edinburgh and its vicinity. I know that in France the fauces were always examined, and that false membranes or pellicles were considered symptomatic of croup; but that only leads me to believe that the disease in France was always of a different type—diphtheritic, in fact.

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### Injection of Quinine into the Trachea in Intermittent Fever.

The *Lancet* says, in some cases of the most pernicious forms of intermittent fever the stomach is so irritable that it is useless to administer quinine by the mouth, as it is immediately rejected; and the state of the circulation in the cutaneous capillaries is such that little or no absorption would take place were it administered hypodermically. In such instances great and immediate benefit may be derived from the injection of solution of quinine into the trachea, as appears from the very interesting and remarkable cases recorded by Claude Bernard, in his recently published "Leçons sur les Anæsthésiques," as having occurred in the practice of Dr. Jousset, of Bellesme. One of these cases, much curtailed, was as follows:—Some years ago Dr. Jousset, traveling in the northern part of the Greek Archipelago, was called in the morning to see a Greek child, aged twelve, who was seriously ill. On arriving, he was informed that the child was delicate and liable to febrile attacks, but had been in her ordinary health the day before, when she had been playing with other children. In the evening she had suddenly become pale and shivery, and the parents thought her dead; but after two hours or less she had partially recovered and fallen into a deep sleep. In the course of the night she had two more fainting fits. When Dr.

Jousset saw her she was lying on a thin mattress on the floor, extremely pale, with deep sunken eyes—in a word, like death. The respiration was scarcely perceptible; the pulse from 38 to 42, very feeble. Slight indications of intelligence still remained. On auscultation coarse râles were heard. The belly was soft, the liver normal, the spleen very large. M. Jousset diagnosed it as a case of malarial fever, of bad type; and he immediately endeavored to give the patient some quinine, but vomiting was induced, and syncope. Having previously had a successful case, he at once proceeded to inject a solution of hydrochlorate of quinine into the trachea. He inserted the trocar of a Pravaz' syringe into the middle of the trachea, between the first and second cartilaginous rings. A little difficulty was experienced, as the thyroid gland was large, and he only satisfied himself that the point was free by blowing through the canula. The pulse was now 31. No effort at coughing was made, and he thought she had succumbed. Five minutes after the pulse was 40. The limbs were now covered with warm flannel and light friction made. In ten minutes the pulse had risen to 45, and an involuntary evacuation occurred. She murmured some words. In thirty-five minutes she asked for some drink. She complained of intense pain in the head, which, however, was not hot. In an hour the pulse had risen to 96; and shortly afterwards she was in her ordinary health.

### Nitrite of Amyl in Sea-Sickness.

The *Lancet* has the following article, by Crochley Clapham, L.R.C.P.L., F.L.A.S., PH. D:—

In recommending the employment of nitrite of amyl as a remedy in the treatment of sea-sickness, I do so with considerable experience of its utility. During a trip round the world, of nearly two years' duration, in which time I crossed the Pacific Ocean in various directions no less than eleven times, I made the treatment of this distressing malady my especial study, with what result will be seen below.

On my way out east I ran through all the prevalent modes of treatment, nice and nasty—such as iced champagne, bottled porter, camphor, chlorodyne, belladonna, ice to the spine, etc.—and, with the exception of the last-named, found them all merely palliatives, and of very uncertain action even to that extent. With respect to Dr. Chapman's spinal ice bags, I can report favorably of their use in sea-sickness, when procurable; but people will not or cannot provide themselves with these articles, nor will ship owners supply them in any number, and nothing can be more futile than attempting to treat twenty or thirty sea-sick people with one or two ice bags.

It occurred to me that the remedy which, in the hands of Dr. J. Crichton Browne, has proved so valuable in the epileptic "status," might be advantageously employed in the treatment of sea-sickness.

To test the truth of this surmise I made several trips across the Pacific, and tried the remedy altogether in one hundred and twenty-four cases. Of these, one hundred and twenty-one proved eminently satisfactory, there being no return of the vomiting after the administration of the nitrite; the remaining three cases being only unsatisfactory so far as they required a further dose or two of the remedy.

The mode of exhibiting the drug which I adopt is by inhalation, three drops of the nitrite being poured on a handkerchief and held close to the patient's nose. The inhalation must be conducted rapidly, so as to give the full influence of the drug without a too free admixture of air.

The action of the remedy in freeing the circulation and relieving the hyperæmia of the spinal cord will be quickly evidenced by a throbbing sensation in the temples (occasionally rather disagreeable), and by a more or less general flushing and increased warmth of the surface of the body. This warm and comfortable glow, which takes the place of the chilly sweat so disagreeable in this disease, is usually followed, in the course of half an hour, by a pleasant slumber, from which the patient wakes to eat a hearty meal. Should the sickness recur, which it may do after the lapse of twenty-four hours, the inhalation must be repeated. The patient should be in bed when under treatment, so as not to interfere with the subsequent sleep; and I have usually judged it better to allow one fit of vomiting to take place before applying the remedy, not only to insure the *bonâ fide* character of the seizure, but also because I consider it advantageous unless the patient be in a very weak state of health. I only met with one case in which the medicine was refused on account of disagreeable effects, and in this instance, which occurred in the tropics, the patient complained that "it made him feel so hot he would rather be sea-sick."

## Reviews and Book Notices.

### NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. C. D. Fairfield, of Newport, Tennessee, delivered a lecture some months ago, before the local Grange, on Nature in Vegetation, which that body has printed. The author undertakes to give the history of the universe in a few sentences (pp. 12, 13). Many of his statements would not be acknowledged by sound science; for instance, these: "The primal elements of matter are eternal;" "Each element has a magnetic force peculiarly its own." "All

forces are referable to magnetism or electricity." "The inorganic elements, through nature's inherent forces, unite into organic forms." These are specious generalizations, without any root or basis, which should not be put forth as the results of science, before a popular audience. When the author follows good authorities, he writes well and pleasantly.

——Professor Burt G. Wilder, of Cornell, has prepared a pamphlet of twenty-three pages, as a programme to his lectures on Comparative Anatomy. He includes in it a series of Rules of Health for Students, well prepared, and admirably adapted to render his young hearers awake to the importance of taking care of their bodies, in order to be able to store their brains effectively.

——Professor A. B. Palmer, Dean of the Medical Faculty of the University of Michigan, has prepared, in behalf of the Faculty, a "Statement of the Relations of the Faculty of Medicine and Surgery in the University of Michigan to Homœopathy."

——A curious article, by Dr. Ely van de Warker, of Syracuse, on the Normal Movements of the Unimpregnated Uterus, has been reprinted from the New York *Medical Journal.*

——The Construction, Ventilation, and Hygienic Management of Anatomical Rooms have never received the least attention from physicians; but now, Dr. H. Lenox Hodge, of this city, has written a very excellent paper on the subject (reprinted from the Virginia *Medical Monthly*).

——Dr. W. Gleitsmann, who is the physician in charge of a "mountain sanatarium," near Asheville, North Carolina, has a paper, reprinted from the "Transactions of the Medical and Chirurgical Faculty of Maryland," on Attitude and Climate in the Treatment of Phthisis. He proceeds on the statement, which he considers proven, that phthisis diminishes, or even ceases altogether, with the increase of elevation above the sea-level, and that this boundary is higher in the tropics than in the temperate zone.

——A second edition of Dr. Turnbull's excellent essay on Tinnitus Aurium has been published. Quite a variety of new matter has been added, especially in reference to the value of the galvanic current in such cases.

## BOOK NOTICES.

**Tinnitus Aurium. A Consideration of the Causes upon which it depends, and an attempt to explain its production, in accordance with physical principles.** By Samuel Theobald, M.D., Surgeon to the Baltimore Charity Eye and Ear Dispensary.

This is a pamphlet of thirteen pages, a reprint from the "Transactions of the Medical and Chirurgical Faculty of Maryland," April, 1875.

We are glad to see the attention of the medical profession turned to this distressing symptom, and in some instances, disease, for with the exception of the monograph of Dr. L. Turnbull, of this city, but little attention has been directed to it, even by the otologists of this country. In the recent work of Dr. Roosa, the remarks on tinnitus aurium scattered here and there in the volume, in connection with the application in which this symptom occurs, are meagre and unsatisfactory.

Our author, on page five, states the pith of his investigations and his theory, as follows:— "I think we may safely consider that tinnitus is invariably the expression of an *excitation of the terminal or percipient elements of the auditory nerve.*" Pages 6, 7 and 8 are taken up with considering "tinnitus as invariably accompanied by and dependent upon disturbances of the circulation of the internal ear." He then goes on to account for its existence under circumstances which do not usually justify the assumption of any such disturbance. As for example, its almost constant presence as a symptom of that commonest of all affections of the ear, chronic catarrh of the tympanum; obstruction of the meatus externus by inspissated cerumen, or by foreign bodies; or inflammation of the meatus and of the membrana tympani, etc. He states, as the result of a somewhat extended and careful observation of these conditions, "I have found that the subjects of them, though they frequently differ widely in their description of the nature of the noises which they hear, almost invariably agree upon certain significant points. They will nearly always tell you that the noises, whatever be their character in other respects, are at *times intermittent or pulsating;* that they are louder and more annoying when they lie down, or after violent

exercise; and that it is usually under such circumstances that the change from a continuous to an intermittent character occurs. They will also frequently mention that they become aggravated after indulging in stimulants, or after a hearty meal. It will not be denied that these are indications which point unmistakably to the agency of the circulation of the blood in the production of tinnitus."

This theory cannot be accepted as explaining all the forms of tinnitus; still, as the author states, it is a step in the right direction, and as we obtain more information of the cause, we shall be more certain in our modes of treatment.

**Vision, Its Optical Defects and the Adaptation of Spectacles. Embracing: First, Physical Optics. Second, Physiological Optics. Third. Errors of Refraction and Defects of Accommodation, or Optical Defects of the Eye. With seventy-four illustrations on wood, and selections from the test-types of Jæger & Snellen. By C. S. Fenner, M. D., Louisville, Kentucky. Lindsay & Blakiston, Philadelphia, 1875. pp. 299, 8vo.**

The author states that the manuscript was commenced during the past summer, but, owing to an affection of his eyes—retinal hemorrhage—which came on suddenly, before the writing of Part First was finished, the work is not as complete as was intended. Having since that time been unable to make use of his eyes in reading or writing, he was compelled to complete the manuscript by dictating to an amanuensis.

It has been noticed as a fact, that in a large number of instances, both physicians and surgeons have not only suffered, but died, from the diseases to which they have devoted their special study and practice. Our sympathy is at once enlisted for our author, seeing the great difficulties which he had to overcome in producing his work; had he not been a true lover of his specialty, he never would have completed it. At the same time he disarms severe criticism by stating the incompleteness of the book in advance. Still, he cannot come before the medical public, as a teacher of such an exact department as optics applied to the defects of the eye, without being liable to a fair share of the attention of the critic.

Although Dr. Fenner's book can, with the specialist, never take the place of his Donders and Helmholtz, still, for the non-specialist and the beginner in the study of opthalmology, it will be found a very useful work, as it presents, in a very agreeable and perspicuous style, the latest views of the greatest workers in this particular department. The volume contains nearly two hundred octavo pages, and is divided into three portions. Part 1 is devoted to a brief exposition of the laws of Physical Optics. Part 2 to the consideration of Physiological Optics. Part 3 treats of the errors of Refraction and Defects of Accommodation.

The introduction of physical and physiological optics adds greatly to the value of the work, as at least some knowledge of these subjects is an absolute necessity for a proper understanding of the principles of ophthalmology.

In part 3, under the head of diagnosis of astigmatism, is introduced a description of several American methods for determining this anomaly, in addition to the older methods of Snellen, Stokes, Javal, etc. The most recent among these is by means of a so-called, *visnometer*, an instrument invented by Dr. Risley, of Philadelphia. Inasmuch as his results are all obtained by the use of an artificial far point, placed at 10 to 12 inches, it is very necessary to have the accommodation thoroughly paralyzed in every case examined. Owing to the close proximity of the test objects to the eye, the accuracy of the examination is undoubtedly liable to be considerably interfered with.

While the third part of the work purports to be on the "*Errors of Refraction and Defects of Accommodation*," it is in reality a treatise on Refraction alone, no special attention having been given to the consideration of the actual anomalies of the accommodation, unless, perhaps, presbyopia be considered as such. To have made this part complete, the subjects of paralysis and spasm of the accommodation should have been separately dwelt upon.

The typography throughout the work is, for a first edition, quite good, although there are a few slight errors which seem to have been overlooked. Thus, on page 172 we find $\frac{1}{24}$ instead of $\frac{1}{16}$, and on 190, near the bottom, $\frac{1}{20}+\frac{1}{10}=$ instead of $\frac{1}{20}+\frac{1}{20}=$.

The author appears to possess a thorough and practical knowledge of his subject in all its bearings, and has presented the profession with a work in every way worthy of its careful attention.

THE

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## RECENT SYPHILOGRAPHY.

If there is any one point in reference to syphilis, its nature or origin, which is agreed to on all hands and definitely settled, we should be glad to know it, for we have that point yet to learn.

To begin with the history of the disease, Dr. Charles Drysdale, of London, gave us a new and revised study into mediæval medical literature, proving to his own mind—and that of many readers, ourselves among the number—that, regarded as a question of evidence, the testimony is decidedly in favor of the opinion that syphilis was brought from America by the sailors of Columbus, in his first voyage; or, at any rate, that it was known in the New World previous to 1492, and in the Old World only after that date.

Since then, however, a Spanish writer has come forward, in *El Amfiteatro Anatomico*, and thinks he has upset the former statement by the following quotation from Molina's *Historia de Chili.*

"The venereal disease has made but little progress in the American countries inhabited by Spaniards, and hardly any in the districts peopled by the natives. The latter have no word in their language designating the disease, a clear proof that the complaint was not known among the aborigines before the Conquest. Hence several authors of South America, especially Diaz Benito, consider that it was without sufficient grounds that many writers made syphilis originate from America."

So far is this from being the case, that the Abbé Brasseur de Bourbourg lays particular stress, in his *Histoire de Mexique*, on the prominent rôle the disease plays, even in the mythology of the natives of the West Indies, Guatemala, and ancient Aztlan. Moreover, it is a recorded fact that the earliest remedies for syphilis—the sassafras and the guaiacum—were brought to Europe from America, and were avowedly remedies learned from the American aborigines. The guaiacum was the first therapeutic means of any efficacy used against the ravages of syphilis, as Fracastorius—he who christened the disease with the name it bears—distinctly states: *Guaiacum* is a word in the original language of the Antilles; the wood grows there, and its real efficacy in syphilis has received additional proof from the observations of Dr. Alex. McBride within the last year (see the Half-Yearly Compendium of Medical Science, July, 1874, p. 293).

Passing next to the grand question of mercurial or non-mercurial treatment, we shall give, first, the opinion of Dr. P. H. Watson, of Edinburgh, a very reputable surgeon. At a recent meeting of the Medico-Chirurgical Society of Edinburgh, he stated that his experience of the administration of mercury in syphilis was, that it did no good, but a great deal of harm. Syphilis left untreated by anything except local applications got as certainly well as measles or any other exanthem. To give mercury in measles would hardly be deemed indispensable by any one at the present day, but it would be quite as

rational as to give it in syphilis. No doubt, the early symptoms of syphilis disappeared rapidly under the use of mercury, but only to return again, unless the mercury were continued throughout the whole period of the eruptive tendency. Dr. Watson wondered how many of the strenuous advocates of mercurial treatment ever watched a case of syphilis when no treatment was allowed to complicate its natural progress. He was sure, if they did watch a few such cases, they would cease to employ mercurials. It was the opportunity afforded in watching cases under syphilization which led him to these conclusions. He had no objection to mercurial applications to local lesions, such as the indurated chancres, or to condylomatous eruptions. The mercurial vapor-bath acted on this principle when no inhalation was practiced, and, by its local effect upon the erupted surfaces, tended to hasten their disappearance. In cases of syphilis where mercury had been administered, serious so-called tertiary lesions did sometimes occur, and in these, mercurials sometimes were required to overcome the evil results of their early administration. In such circumstances, he believed that the injection of the bicyanide of mercury might be advantageous.

On the other hand, Mr. James R. Lane, surgeon to the London Lock Hospital, and president of the Harveian Society, in an article published in the *British Medical Journal*, no longer ago than the 12th of December, 1874, advocates the use of mercury in hard chancre, from the very jump. His words are:—

"If mercury is the valuable remedy against syphilis which most of us believe it to be, it must surely be right to employ it at the earliest moment that the system has become, or is becoming, infected. The induration may be regarded either as the first sign of general infection, "le premier des accidents secondaires," as Ricord once called it, or it may be looked upon merely as the peculiar local action through the agency of which contamination takes place, which seems to be the opinion towards which Ricord now inclines, and is that which I myself entertain. From either point of view it would seem rational to commence the treatment at once: on the first hypothesis, to get rid of an already existing infection; on the second, to favor the elimination of the noxious influence as fast as it is being introduced. To be effectual, it must be begun early, and must be persevered with, not only until the sore has healed, but until all trace of induration has disappeared, and, as a matter of precaution, in gradually diminishing doses, for some weeks longer still."

In the *Praktische Arzt.*, last year, Professor Doutrelepoint inclines toward Watson's views, but is more decided on the value of mercury locally. He claims that he has treated the majority of his cases of syphilis locally, with emplastrum hydrargyri, with success. He states that the base of the indurated sore clears up rapidly under this treatment, and the scarring at its edges is hastened. Broad condylomata leave off giving off moisture, and heal up. Also, in the various syphilitic skin affections, when not too extensive, strips of the plaster laid over the surface cause a quicker disappearance. In a case of syphilitic lichen, the right forearm, which was more affected, was covered with emp. hydrarg, and the other not so, whilst the patient took the yellow iodide of mercury. In eight days the knots on the locally treated arm had disappeared, and were seen only as maculæ, whilst on the left arm there was scarcely any difference since the cure commenced. In tertiary forms of syphilis, even, is this treatment useful. Thus, it was followed by quick cure in a long-continued case of syphilitic lupus. Periosteal gummata heal rapidly, whether ulcerated or not. In several cases of ulcers of the ankle, which arose from destruction of subcutaneous gummata, binding with plaster or mercurial ointment sufficed to heal obstinate ulcerations quickly. Salivation was several times caused by absorption of the mercury.

Some have strenuously advocated the water-cure in syphilis, but Professor Zeissl, of Vienna, who has been publishing, in the *Allg. Wiener Med. Zeit.*, a series of articles on the

"Therapeutics of Syphilis," shows it to be not only useless, but positively injurious, and thinks that the public are to be warned as to the mischievous results of hydropathy in syphilis. The professor quotes the case of a man of twenty-six years, whose chancre had healed with local applications. On the breaking out of secondaries he repaired to a water-cure establishment, where the usual treatment was carried on for several months. Soon after its commencement he had iritis, from which one eye was lost, and the other damaged. Later, the tubercles on the face grew to the size of nuts, and gave his countenance the aspect of elephantiasis Græcorum. The tonsils, soft palate, and pharynx presented deep ulcers, and the poor man fell into a deplorable condition.

As to the questions of unity or duality of virus, as to syphilization, as to the laws of hereditary transmission of the disease, as to the alleged visceral and nervous lesions resulting, as to the pathognomonic marks of the injecting sore, as to the permanence or transitoriness of the constitutional poisoning—all these are questions on which it is hopeless to expect an approach to unanimity, so long as the opinions as to the natural history and normal course of the disease are so irreconcilably discrepant.

## Notes and Comments.

### Therapeutical Notes.

POSTURAL TREATMENT OF PALPITATION.

A correspondent in the *Union Médicale*, calls attention to the fact that palpitations, when not depending upon organic disease, may be almost immediately arrested by bending the head downward, and allowing the arms to hang pendent. The effect is even still more rapidly produced by holding the breath for a few seconds while the body is in this bent position.

TINCTURE OF EUCALYPTUS IN PULMONARY GANGRENE.

In the *Bulletin de Therapeutique*, M. Bucquoy says of this article, that in the various bronchial affections he has not found it more useful than other balsamic preparations, and much less so than antimonials. He will not, therefore, be accused of partiality for it, in recommending this remedy for the only affection in which he has found it yielding excellent results, gangrene of the lungs. In this disease, it has surpassed all other substances which he has employed for removing the horrible fetor characterizing it. During the five years he has been at the Cochin Hospital he has seen at least two or three cases a year, and in five of these cases he attributes their cure, in a great part, to the action of the eucalyptus; and in cases in which the disease has terminated fatally, it has been very useful in removing the fetor when carbolic acid had failed to do so, while the violence and tenacity of the cough have been much modified.

HYDROPHOBIA.

The latest recommendations in this fatal disease are an infusion of the root of elecampane in new milk, and bromide of potassium, in drachm doses.

### Microscopic Life in the Teeth.

Our notice of the investigations of Dr. C. N. Pierce on this subject may be amplified by a courteous letter from that gentleman, in which he writes as follows:—

"In making some investigations on the organisms found in the oral cavity, I observed what might be deemed of some importance to those interested in studying the "Beginnings of Life."

"In opening into the pulp chambers or nerve cavity of some teeth, where the nerve and accompanying tissues had become devitalized from some constitutional or local cause, without any loss of the hard tissues from dental caries or otherwise, the remains within, which were extremely offensive, were found to be filled with living organisms, resembling what are figured and described by scientists as *bacteria* and *vibrios*. Their presence in this cavity, secluded as they were from any contact with the atmosphere or secretions of the mouth, must be accounted for in one of two ways, viz., the germs of these organisms must be universally disseminated throughout the various textures of the body, through the medium of the circulating fluid, there to be developed and multiply whenever these higher tissues or any parts of them are on the eve of death and disintegration, or else, as Bastian would put it,

must be that when the vitality of any part of this higher organism, whether simple or complex, is on the wane, its constituent particles are capable of individualizing themselves, and of growing into these low organisms in question."

### A Bicephalic Monster.

Through the kindness of Dr. J. F. Force, of Heron Lake, Minn., we have been furnished with an account of an autopsy performed on a bicephalic monster. It was still-born and was delivered without instrumental aid. It was a female, well shaped in the lower extremities. The spinal columns united high in the back, and were found to be double to the lower extremity of the ribs, from whence it was single, as in an ordinary child. The sternum was also double. The heart was double, yet it retained its distinctive outlines, and upon dissection was found to be perfect, with duplicate arteries, veins, etc., each performing its individual functions. The same with the lungs, both pairs fully developed. The aorta was double and fully developed, possessing perfect symmetry in its branches. An œsophagus extended from each throat and terminated in one as they entered the stomach. All the organs above the diaphragm were double, and blended together, retaining a distinctive outline, by which the double condition of the organs could easily be traced.

### "Mind Reading."

Dr. George M. Beard has been doing excellent work in exposing the humbuggery of "mind reading" and similar swindles. He has a letter in the *Review of Medicine and Pharmacy*, which is convincing and to the point. He says "*all* the performances of *all* mind readers can be explained by *unconscious muscular tension and relaxation* on the part of the subject. "Second sight" is utterly a delusion. No member of the human race, in trance or out of trance, in health or disease, has ever exhibited any such power, even in the most trifling degree. All of the so-called second-sight performances can be explained by intentional or unintentional trickery, by coincidences, or by exaltation of some of the senses, and, usually, the hearing. Experiments in this department must allow for these six sources of error:—

"1. Intentional deception on the part of the subject.

"2. Unintentional deception on the part of the subject.

"3. Intentional collusion of bystanders, confederate, or of the operator.

"4. Unintentional collusion of bystanders or of the operator.

"5. Guess-work and coincidences.

"6. Phenomena of trance, and of the involuntary life in health and disease.

"Experiments that do not clearly, and intelligently, and systematically allow for errors from all these sources can be of little or no value to science, however able, or honest, or famous the investigator may be.

"As the members of our profession become experts in the study of these delusions, they will learn that there is about them no mystery whatever; that they can be explained, and are explained, by laws already known to experts and by trickery, and that there is no need of any hypothesis of odic force, or psychic force, or thought-reading, or mind-reading, or brain waves, or animal magnetism, or second sight, or any other refuge whatever."

### A History of German Medicine.

The first volume of a History of Medicine in Germany has appeared, from the pen of Dr. Heinrich Rohlfs (Ferdinand Enke, Erlangen, 8vo, 556 pages). It is intended to make six volumes of this size, and will, therefore, be comprehensive. The first volume brings it down to the end of the Sixteenth century. It is written in an entertaining style, and takes a high view of medicine, ranking it not as a mere natural science, but bringing out its essentially artistic character as well.

### Salicyl as a Preservative of Leeches.

A correspondent of an exchange says:—

"Having read that this acid would keep leeches healthy and prevent the water in which they were kept from becoming foul, I added ten ounces of acid solution (eight grains to a pint) to half a gallon of water, into which fifty leeches were put. Previous to this addition, we had found two or three dead leeches every week when the water was changed; but since, we have not lost a single leech, and the water keeps fresh for weeks.

### Onanism and Varicocele.

Dr. Ravoth, of Berlin, has called attention to the connection between these two troubles. In nearly all cases of varicocele the patient con-

fessed self-abuse. The tendency of this habit to affect the mind was quite observable. It tends, he says, toward "mysticism," by which we suppose he means self-brooding. He tells of one man, eighty-five years old, who attributed his failing powers to this bad habit when young!

### Exhaustion on Marches.

A German paper comments on the numerous cases in which soldiers have succumbed to fatigue this summer, during the marches of the troops. Every such case, it remarks, excites more anger and pain among the relatives of the man who is killed by the over-fatigue than is felt in time of war by the connections of a thousand soldiers sacrificed through the blundering of generals. It recommends the enforcement of the conclusions of a treatise published by the Berlin Hulfsverein in 1870. This publication deprecates the use of cold water and intoxicating drinks during marches in hot weather, and advises the consumption of weak tea, prepared the previous evening in the bivouac or lodging, and carried in flasks. The head should be only slightly covered, and the neck protected by a handkerchief hanging over the back.

## Correspondence.

### Ethics in Consultations.

Ed. Med. and Surg. Reporter:—

I noticed in your journal, of the date October 2d, a few lines, entitled, "Remarks on Consultations," to which I desire to say a word.

I have practiced medicine in the country for twenty years, and in the city for the past five years, and I say, unhesitatingly, that the standard of medical etiquette is, at least, as high among educated, respectable physicians in the country, as it is among physicians of a like grade in the city.

During the latter half of my sojourn in the country I enjoyed the reputation of having the largest practice in my section of the county, and, of course, had numerous consultations, and I have never known of an instance where a physician attempted to take an advantage of me in a consultation, and I am very certain I never attempted to take the advantage of any one else.

The assertion that a consultation in the country implies dissatisfaction on the part of the patient or his friends with the attending physician is a gross slander upon the intelligence of our rural population.

When desiring the presence of a medical friend, I have always had to make the suggestion to the family, and have uniformly been met with the reply, "if you desire a consultation, doctor, we will have it, but we are perfectly satisfied with you;" and this is the experience of many country physicians I could name.

I can safely say that never, in the course of a twenty years' practice in the country, have I lost the patronage of a single family through improper influences exerted by another physician, at or after a consultation.

Benj. C. Snowden, M.D.,
*No. 700 N. 20th street, Philadelphia.*

### Case of Triplets.

Ed. Med. and Surg. Reporter:—

On Friday morning, September, 17th, my partner, Dr. J. D. Skilling, delivered Mrs. Peter Nolen of triplets, all girls. The first born living but very weak; did not breathe for several minutes, though the pulsations of the cord and heart were distinct. The second child, born one-half hour after the first, showed no signs of life. The third, born three-quarters of an hour after the second, cried lustily at birth, and was well-developed. The first two were vertex presentations. The third was a footling.

On examination the cords of the first two children were found to be attached to one placenta. The cause of the death of the second child, the Doctor believed to be the detachment of the placenta after the birth of the first, thus cutting off the circulation of the second. The mother and the two children, up to this time, have been doing well.

In the year 1859, Doctor G. E. Porter, of Lonacoming, delivered the aunt of Mrs. Peter Nolen of triplets. Two of these were attached to one placenta, the same as in the case above reported. One of these children only is yet living.

C. E. Shipley, A. M., M. D.
*Lonacoming, Md., September 27, 1875.*

## News and Miscellany.

### Ignorance on the Tripod.

The Reading *Eagle*, in commenting on our remarks on its opposition to the medical law of the State, has this sentence:—

"It is known that what is called the Medical Society of Pennsylvania, the allopathic school, has a materia medica, and if one of the members of this school of medicine gives a specific to a patient not recognized by this class of practitioners he lays ground for expulsion from the Society."

As this appears in a "leader," for which the editor is responsible, we recommend him to employ not quite so much of an ignoramus to write his medical editorials in future.

A member of the Medical Society of Pennsylvania can use and prescribe any medicines he chooses, homœopathic "potencies" or eclectic "yarbs," and run no danger of expulsion.

The regular profession is wholly free from any such restriction.

The *Eagle* says it "is always willing to acknowledge a mistake." We now ask it to make its words good.

### Items.

—On page 254, this volume, Dr. E. Smith's pamphlet should have the title "One Hundred Operations for *Cataract*."

—A young woman in Illinois, without money, obtained two dollars, wherewith to proceed to Chicago, by pawning her glass eye.

—Surgeon James F. Weeds, of the United States Army, stationed at Nashville, Tennessee, for several years, died October 1st.

—The Sixth Annual Session of the Medical Society of Virginia will convene in the Hall of the House of Delegates, Richmond, Virginia, at 7½ P. M., on Wednesday, October 20th, 1875.

—Dr. John G. Schanck, Assistant Physician of the New Jersey Asylum, died on Monday, September 27th, at Princeton, of hemorrhage of the lungs. He was a young man, only twenty-six years of age, and of great promise. He was an agreeable and attentive man in his profession, and highly esteemed by all who knew him.

—Dr. Winslow Lewis, who died in Boston, lately, at the advanced age of seventy-six, was quite prominent in local affairs, a thoroughly educated physician, and a member of the Masonic fraternity, of the highest standing. Leading scientific societies of this country and Europe claimed him as a member, while he was an enthusiastic Mason for forty-five years.

### Personal.

—Professor Wurtz, Dean of the Paris School of Medicine, having been appointed to the vacant chair of Chemistry at the Faculty of Sciences, will necessarily be obliged to send in his resignation as Dean of the Paris Faculty. On account of the difficulty, however, which is experienced in finding a successor to him, his resignation has been withheld until the reopening of the School in November next.

## QUERIES AND REPLIES.

### Hair Tonic.

Dr. J. N. Nowlin, of Georgia, sends us the following prescription which he has used for years, and "has yet to meet the first instance of failure to arrest falling of the hair." He requests those who use it to report through this journal.

| | | |
|---|---|---|
| R. | Borax, powdered, | two drachms |
| | Cologne water, | eight ounces |
| | Bay rum, | six ounces |
| | Tinct. cantharides, | |
| | Spir. amine. aromat., | aa one ounce. M. |

Sig. Apply to the scalp every morning, by thoroughly rubbing in.

*Dr. J. H. V., of Ga.*—"How do sweet potatoes compare, as an article of diet, with white potatoes?"

*Reply.*—Edward Smith, in his work "On Foods," ranks them as "somewhat inferior." But as the authors of the "United States Dispensatory" remark: "comparative analyses of potatoes are of no value as a measure of their nutritive properties, such wide variations existing in specimens. We have seen sweet potatoes given delicate children in their second summer, with excellent results."

*Dr. W. W. S., of N. Y.*, inquires for a recipe to make a permanent solution of phosphide of zinc.

*Dr. W. S. T., of Pa.*—All lectures at the Vienna Medical School are in German. Without a knowledge of that language, it would be useless to go there. Expenses equal to those in this city or New York.

*Dr. O. I. M., of O.*—We regard Staufer's instruments as excellent, and as giving as general satisfaction as any in the market. We speak from personal use of them.

## OBITUARY.

### ERNST KRACKOWIZER, M. D.

Ernst Krackowizer, a well-known German physician of New York, died September 23d, at Sing Sing, of intestinal inflammation. He was born in Styria, in the Austrian Empire, in 1822, and studied medicine at Vienna and Padua. After receiving his medical diploma he became an assistant of the distinguished Austrian surgeon, Prof. Schuh. In consequence of the part which Dr. Krackowizer took, as Captain of the Students' Legion, during the insurrection of 1848, he was obliged to leave Vienna. He fled to Tübingen, and there became an assistant of Prof. Bruhns. In this position he remained, until the activity of the Austrian Government in pursuit of the insurrectionists compelled him to depart for America. On arriving in this country he decided to devote himself to the practice of his profession at Williamsburg. In 1856 he came to New York, and soon afterward took an active part in establishing the German Dispensary. When the Medical College of Bellevue Hospital was about to be reorganized, last year, Dr. Krackowizer was chosen a member of the committee to prepare a plan of reorganization, and afterward he was made a member of the Medical Faculty. During the recent movement for Municipal reform, Dr. Krackowizer was appointed a member of the Committee of Seventy.

## DEATHS.

CLEMENTS.—On the 5th inst., at the residence of her husband, Pleasant Ridge, Kentucky, Elizabeth A., wife of Dr. F. M. Clements, aged 21 years and 8 months.

HENRY.—On October 2d, at Monmouth Beach, New Jersey, at the residence of her father, Elizabeth Root Henry, wife of Dr. M. H. Henry, and daughter of Hugh J. and Mary Hastings, of New York.

THE

# MEDICAL AND SURGICAL REPORTER.

No. 973.] PHILADELPHIA, OCT. 23, 1875. [Vol. XXXIII.—No. 17.

## Original Department.

### Lecture.

### SECTION OF THE LATISSIMUS DORSI.

BY PROFESSOR LEWIS A. SAYRE,

Professor of Clinical and Orthopædic Surgery in Bellevue Hospital Medical College.

(Phonographically Reported by W. A. George, M.D.)

Gentlemen:—We have before us, to-day, a case of lateral curvature of the spine, of such an unusually aggravated form, that I will take the liberty of making it the subject of some extended remarks upon this very important deformity.

There is no class of deformities in the whole range of orthopædic surgery so troublesome to manage, and so unsatisfactory in results of treatment, as rotary lateral curvature. We have two distortions of the spine, entirely different in their nature and origin, as well as their pathology and treatment. The one is Pott's disease (named after Percival Pott, who first described it), or antero-posterior curvature, dependent upon a disease of the bodies of the vertebræ and intervertebral cartilages or disks, the result of some injury or concussion, ending in inflammatory softening and disintegration, or caries of the vertebræ, and by the superincumbent weight of the body above the diseased portions crushing them together, the posterior projection of the spinous processes is produced, and unless diagnosticated or detected before this deformity has occurred, is cured—if cured at all—almost always with a defect in form, leaving a prominence more or less conspicuous during life. Of this disease, to-day, we will say nothing, reserving our remarks respecting it and its method of treatment for a future lecture.

The subject of our remarks to-day is what is ordinarily called lateral curvature of the spine, but which I prefer to call rotary lateral curvature, as I am convinced from observation, and will endeavor to show you by an anatomical demonstration, that the rotation of the vertebræ upon each other takes place before lateral curvature commences, particularly if the primary distortion is in the thoracic region.

This deformity may sometimes become so aggravated, as in the case you see before you, as to be mistaken for a true angular curvature, or Pott's disease, the ribs being so bent at their angles as to project beyond the spinous processes, and to be mistaken for them, as you see in this specimen, as, also, in the dried specimen I hold in my hand. But this distortion, although so aggravated, is not dependent upon any disease of the bones or intervertebral disks whatever, but due entirely to abnormal or irregular muscular contraction. You observe, in this dried specimen, that a line drawn at right angles from the bodies of the lumbar vertebræ, passing directly in front of the spine, and another line drawn from the bodies of the dorsal vertebræ, are at more than right angles, or at an obtuse angle to each other, the spine being rotated so perfectly upon itself, there being no loss of substance in the bodies or disks, but rather a separation of the disks, the vertebræ being further apart than normal. Following the curve further up, we come to the cervical region, and you observe the bodies of the vertebræ have been rotated backward, so that a line from the body of this seventh cervical vertebræ

passes directly parallel to the first line, drawn from the lumbar vertebræ, the whole column being thus simply twisted like the letter **S**, and shortened by an approximation of its two extremities.

This deformity occurs more frequently in girls than in boys, and usually at about the age of puberty, when they are being developed, and weak in their muscular power; habits of carelessness in sitting or standing may be the commencement of this irregular formation.

The causes, as I have before stated to you, are want of equilibrium in the muscular forces which keep the body erect; and also, frequently, an irregular formation of the bones of the lower extremities, one leg being shorter than the other, either by arrest of development, or from having been fractured and united with some shortening; or even by so careless a habit as wearing one heel of the boot higher than the other for a long time, which will cause the pelvis to tilt downward towards the shortened limb, in order to enable the person to reach the ground. This latter is a very frequent cause of the commencement of a lumbar curve, the tilting of the pelvis downward causing the lumbar vertebræ to lean in that direction, for if the column was kept straight it would, of course, cause the patient to fall over. The muscles of the trunk, therefore, are made to contract abnormally upon the opposite side, to prevent this falling, and consequently produces a compensating curve in the dorsal vertebræ. If, on the contrary, the dorsal curve has been the primary curve, the lumbar will become the secondary curve; and it is of the greatest importance, in the treatment of this deformity, to ascertain which was the starting point of the distortion.

To ascertain this, you strip the patient and (examining him posteriorly) having the feet placed firmly on the floor, table, or some other solid level surface, you mark with ink a spot over the spinous process of the last lumbar vertebræ, and another spot at the projecting point of the posterior superior spinous process of the ilium, on either side. A line drawn through these three ink spots should be perfectly parallel to the plane on which the patient stands, if the legs are of equal length and the pelvis not distorted. If, on the contrary, a straight line will not include the three ink spots, the connecting of the central spot with the one on either side will indicate the angle of the inclination of the pelvis, either to the right or left. If this angle is detected, your next business will be to make a careful measurement of the lower extremities, and if finding one shorter than the other, by simply placing a book or block of wood of sufficient thickness under the foot to equalize the length of the extremities, you will immediately restore the pelvis to its normal position, when the compensating curve in the dorsal region, by a slight effort of the will on the part of the patient, will be immediately rectified. Simple curvatures of this variety, detected before permanent change in the structure of the bones has occurred, can be readily cured by equalizing the length of the lower extremities by an extra sole and heel to the shortened limb, sufficient to accomplish that purpose, together with proper gymnastic exercise of the muscles of the trunk, to give them proper tonicity to keep the body straight.

If we now examine this subject, hanging before you, the external layer of muscles of which have been so beautifully dissected out by Dr. Weythe, and study carefully their origin and insertion, and the direction of their action, we shall be able more easily to understand the rotary movement of the dorsal vertebræ, which eventually terminates in the lateral curve.

You observe the trapezius upon the one side dissected out, extending from the inner third of the superior curved line of the occipital bone, from the ligamentum nuchæ; the spinous processes of the seventh cervical, and those of all the dorsal vertebræ to be inserted into the outer third of the posterior border of the clavicle, into the acromion process, and into the whole length of the upper border of the spine of the scapula; and the scaleni, arising from the first and second ribs, near their tubercles, and ascending, to be inserted into the transverse processes of the cervical vertebræ; and the rhomboidei, major and minor, arising from the last cervical and first four dorsal vertebræ, to be attached to the posterior border and inferior angle of the scapula, and when contracting serve to elevate and draw back the scapula toward the spinous processes; from the whole base of the scapula arises the great serratus muscle, which, running forward and inward, and forward and downward, is inserted, by its nine indigitations, into the ribs, one to four inches, according to its serrations, in front of the angles of the ribs. Now, you will observe that the ribs, bending at their angles, rest against the transverse processes of the dorsal vertebræ; then the head of the rib, an

inch or inch and a half from this angle, rests against the bodies of two of the vertebræ, slightly angling upward. We thus have the ribs, at their angles, resting against the transverse processes of the vertebræ like a fulcrum, the short arm running to the head of the ribs against the bodies of the vertebræ, and the long arm being the body of the ribs, and the power which moves this lever is the serratus magnus muscle, which is inserted into this long arm. Now, when the scaleni and rhombodei contract and draw the scapula backward toward the spine, they thus make tense this serratus muscle, and give it full power to act upon the ribs, and by this leverage rotate the spine upon itself.

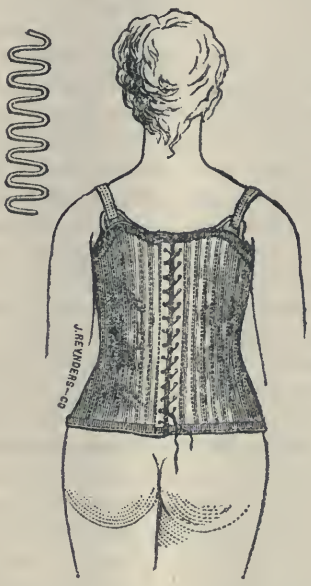
This is the first commencement of deformity in the dorsal vertebræ, producing, eventually, the dorsal curve. You can now see that the careless habit of carrying one shoulder backward more than the other, of carrying one hand behind the back in excess of the other, may be the means of commencing this deformity, by placing the serratus magnus muscle in position for exerting undue power over the other. This rotation produces tension of the latissimus dorsi upon the opposite side, and keeping up a constant irritation, stimulates it to undue contraction, which bends the body to that side, thus producing the lateral curve. Once being placed out of position, no matter how slight, the superincumbent weight of the body, together with the force of habit, has a tendency to increase the deformity, which may finally terminate in as aggravated a distortion as in the case you now see before you.

In the very early stages of this deformity the distortion can be rectified by instructing the patient to use his muscles so as to cause their development in exactly the opposite direction to that which has produced the deformity. We never see this deformity in that class of persons who use no restrictions to the full development of the muscles of their trunk by tight lacing, or bad dressing, and who are in the habit of carrying baskets, or bales of flax, or other articles, evenly balanced upon their heads. The servant girl, walking with a basket of clean and well ironed linen poised upon her head, is compelled to carry her head erect, or lose her balance, and down comes the clothes into mud, and with her balance she loses her place. Take a hint from this practical fact, and teach your young lady patients to walk about the room with a book upon their heads. This simple act alone would cause an equipoise of muscular power, which will prevent the occurrence of this deformity, and even correct slight distortion when first commenced; swinging from the arms, or from the pulleys, as in the gymnasium, is very valuable exercise to accomplish this object also. Sitting the patient upon an irregular seat, or triangular chair, so that there will be danger of their falling over, will compel them to throw the body in the opposite direction, for the purpose of preventing the fall. Let the patient keep a chair of this sort when engaged in study, and let him take exercise in the following manner:—The arm of which the scapula is disposed to be drawn backward to the spine, thus rendering the lower fibres of the serratus magnus tense, is placed in front of the body, for the purpose of approximating the origin and insertion of this muscle; the opposite arm is placed behind the body, for the purpose of rendering the lower fibres of the serratus magnus tense, in order that it may have full power to act upon the ribs of the opposite side, and thus unfold the distortion. When in this position have an India rubber or elastic strap fastened to the wall upon either side of the patient, and with handles in these elastic bands, let the patient exercise by pulling against them, the one arm in front and the other behind the body, as before described, taking, at the same time, deep, full inspirations, for the purpose of expanding the chest. The spiral corset may also be made, and worn with advantage. It is made by having spiral springs, a few inches longer than the corset, quilted into pockets, and forcibly pressed into these pockets, and retained there, so that the corset is constantly making efforts to untelescope itself. [See Fig. 1.]

As the patient is generally smaller at the waist than at the upper and lower extremities of the trunk, this corset is very much like a double cone in shape, and, having the patient pulled out, it is placed upon her or him by first fastening the central point at the waist, and then the slope of the corset above and below. On account of the constant action of the spiral springs, it will keep the patient extended, and prevent telescoping. In addition to this, a piece of sole leather, the upper part formed like a crutch, some six or eight inches in length, is placed under the axilla of the depressed shoulder; a band, going over the shoulder of the opposite side, is buckled fast to the lower side of this leather crutch, in front and rear of

the body. This band on either side has a few inches of elastic inserted within it, so that it

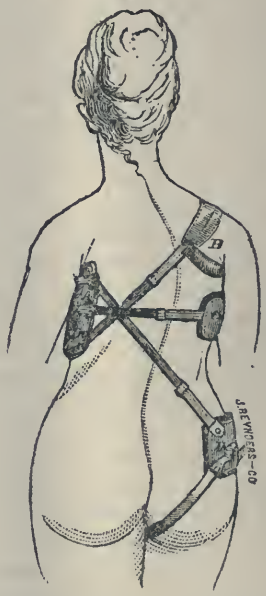
Fig. 1.



has a constant tendency to lift the depressed shoulder, which is, in fact, slung, so to speak, or suspended from the opposite shoulder. Two other bands, one front and one in the rear, from the top part of the crutch, descend to the opposite hip, and are there secured to a piece of leather, which is retained in place by a perineal belt going round the thigh. From the centre of this leather crutch two straps, one front and one rear, go around the body, to another piece of leather placed over the projecting portions of the ribs, upon the opposite side of the body. This leather pad is retained in position by straps (not seen in cut) descending from the first mentioned strap over the shoulder, and also has elastic bands (not seen in cut) extending to another piece of leather over the opposite hip, which is, like the first hip-piece, secured in position by a perineal band running round the thigh. [The axillary band seen in cut is omitted.] All of these bands are furnished partially with elastic, and by their constant contraction have a tendency to twist the body straight; but their practical object is to act as a reminder to the patients of the necessity of their making voluntary action of their own muscles, for the purpose of keeping themselves straight. [See Fig. 2.]

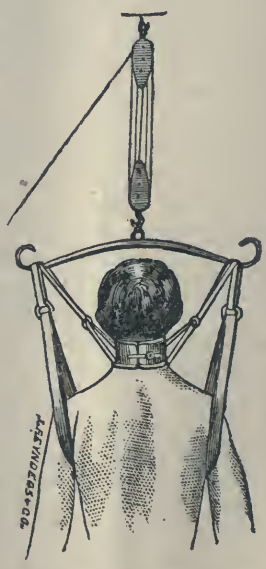
In the majority of the cases of this deformity the treatment here described will generally be found all that is required, but in the case before

Fig. 2.




you, when I place this man within a sling passing around his arms and secured around the chin and occiput, and elevate his body by drawing upon the pulley (see Fig. 3), you immedi-

Fig. 3.



ately see this broad band of the latissimus dorsi brought prominently into view, and it is an impossibility to bring him straight until this

muscle is either ruptured or cut. While he is thus stretched out, I make pressure on this muscle with my finger, and you observe he instantly has a spasmodic contraction of nearly all the muscles of his body, thus proving that this muscle is contractured, or structurally shortened, and that no power, no matter how long-continued, can stretch it to its normal condition, short of severing its fibres, which must be done either by force or with the knife. On the contrary, I have proved to you, over and over again, in the many cases of contracted tendons and muscles which have been here, that when this structural shortening has taken place, which is made evident by the reflex spasm which is produced in it by pressure upon its fibres when under extreme tension, that continued stretching tends only to irritate that muscle, and causes it to undergo stronger and stronger contractions, and that any attempt to stretch a muscle thus changed in structure excites additional irritation, rather than producing any elongation of its fibres.

If this rule, which I have laid down for some years, and followed in practice with the greatest success with almost all the other muscles of the body, be a correct rule, it should be equally applicable to this latissimus dorsi which you now see in this patient. Believing it to be correct doctrine, I shall, therefore, proceed to divide this muscle, which, so far as my researches go, will be the first time that it has ever been intentionally divided for this deformity.

You all see this strong band, some three inches in height, which, with all my force, I can stretch no further, giving me a reflex spasm every time I pinch it, and this fact seems to me to make section of it perfectly justifiable.

[The Doctor then, with a straight tenotome, made subcutaneous section of the muscle, the snapping of its fibres, as the man straightened up, being distinctly heard throughout the lecture room. The patient was straightened almost upon the instant, so far as the lateral curvature was concerned, the angle of the ribs upon the opposite side being about the only deformity left, which, having undergone permanent change of form, may never be rectified; but the lateral curvature was perfectly straightened. The wound was immediately closed with adhesive plaster, a roller and compress placed over it, and the man being taken from the gallows and laid upon the table, expressed himself as being perfectly comfortable, having taken no chloroform or anæsthetic of any kind, and stated that the pain of the operation was comparatively trifling. He was removed to the hospital, placed in bed, and a broad band was passed around the upper portion of his trunk, being secured, by an india rubber strap, to the fixtures upon one side of the bed, and another around his pelvis, secured in the same way upon the opposite side. Between these two elastic forces the body was retained in a perfectly straight position.

Saturday, Oct. 9, 1875, three days after the operation, the patient expresses himself as highly delighted, and everything is satisfactory.]

## Communications.

### QUININE BY ENEMA.

BY C. S. STROTHER, M. D.,
Of Barnesville, Ga.

I am not ignorant of the fact that this, as well as several other remedial agents, is occasionally administered by enema, but I do feel fully assured that its application in this way should occupy a more important position before the profession than it does at present.

It is the opinion of the physicians of the South that quinine is more or less irritating to the stomach, and this is especially the case in children; not so much from its extreme bitterness, but from the effect of the medicine upon the stomach itself. There are also many diseases in which the antiperiodic and antipyretic effect of the medicine is indicated, in which we almost always find irritability of the stomach, and to give the remedy by the mouth is frequently but to defeat the result for which we aim.

Among these may be enumerated the typho-malarial fevers, and fevers of a miasmatic origin generally, congestion of the stomach and bowels, infantile diarrhœa, cholera infantum, and the fever attendant upon summer dentition. There are cases also, in malarial regions, who sink into congestion of the brain immediately following the first paroxysm of the disease, owing to the system being so thoroughly charged with the peculiar poison; and so profound is the stupor that it is altogether impracticable to administer medicines by the mouth. Nor is it safe to delay the administration of quinine until you have allayed the brain symptoms by cupping and counter-irritants.

In the above mentioned conditions I should strongly advise quinine by enema, for my experience in giving it in this way, which extends over a number of years, justifies me in asserting, as my firm conviction, arrived at by careful observation of *positive* results, that we may confidently expect *all* from the medicine given in this way that we can from the usual method of giving it by the stomach.

The formula I have used for giving quinine by enema is, two parts of quinine and one of tannic acid, made into powders to suit the age and urgency of the case, generally giving a child from grs. ij to grs. x; adults, grs. x to grs. l, dissolved in water; f.ʒj to f.ʒij to be used for one injection. If any of the very convenient injecting apparatus, such as Watson's or Davidson's syringes, are at hand, the better plan is to fill the bulb of the instrument and force it into the cup or glass in which you are making your solution of quinine. You will then have just a bulb full of the mixture, and thereby avoid injecting air into the bowel. The tannic acid not only renders the quinine sufficiently soluble in the water, but by its astringency enables the bowel to retain the mixture until absorption is accomplished.

The usual unpleasant accompaniments of giving quinine by the stomach, such as ringing in the ears, slight deafness and headache, also attend the remedy given by enema, and some patients complain of a bitter taste in the mouth very soon after the enema, showing that the medicine is absorbed in a reasonably short time.

This is by far the most eligible method of administering quinine to small children, for by this means you know exactly the amount your patient gets, and you are not subjected to the mortification of going next day, after having prescribed quinine for your patient, and having the parents to tell you that "the little fellow vomited the first dose of the medicine and they were afraid to give it any more." By this means, too, the medical attendant may, if he sees fit, give, perhaps, as much at once as the patient will need in twenty-four hours, and he can make that dose safe beyond peradventure by giving it himself, and, should it be rejected, repeat at once. I might here enumerate a number of interesting cases in support of what I have written, but it would only consume space, and I merely desire to call the attention of the busy practitioner to, as I think, a valuable method, and sometimes an only one, of giving the remedy; and it is clearly evident that it is a much safer one than giving quinine hypodermically, though this article is not intended to make war upon any other mode of giving the medicine, but simply to direct the thoughts of the profession to one that I fear will be ignored on account of its simplicity of application.

## Hospital Reports.

### JEFFERSON MEDICAL COLLEGE.

CLINIC OF PROF. S. D. GROSS, Oct. 6th, 1875.

REPORTED BY FRANK WOODBURY, M. D.

**Elongation of the Uvula.**

Gentlemen:—The little teat-like process that depends from the soft palate may become enlarged and titillate the base of the tongue and the entrance to the larynx, so as to cause a persistent irritative cough. Professional singers, from the constant exercise of the throat, not uncommonly are annoyed by elongation of the uvula, in consequence of simple increase in size of the organ from hyper-nutrition, brought about by excessive muscular exercise. In other cases the enlargement is caused by repeated attacks of inflammation, followed by interstitial deposit. In these cases the uvula increases in breadth as well as in length and its substance becomes thickened and indurated, while in the former there is simple elongation without any apparent alteration in the structure. The enlargement may be slight, but I have met with cases in which the uvula was an inch in length; this, however, is unusual. It sometimes happens that the organ produces irritation without being itself enlarged, from excessive relaxation of the muscles of the soft palate and fauces.

The young man before the class complains of a constant tickling sensation, obliging him to clear his throat often. He has some mucous expectoration, and the symptoms are increased upon taking cold, to which he says he is very liable. Upon inspection, the uvula is found to be not greatly enlarged, although sufficiently so to account for the symptoms.

The treatment is very simple. Seizing the free extremity of the uvula with the forceps, the desired amount, say a quarter to half an inch, is removed with the scissors, but we would never cut it off entirely. The patient, after the operation, will be kept upon a light diet for a few days, and be cautioned against taking cold. He should also take Huxham's tincture of bark, a drachm thrice daily, as a general tonic, as he does not appear to be very well nourished. In a few days an application of a solution of nitrate of silver, by means of a mop, will be made to the parts, to correct this condition of the throat. When the arches of the palate are so relaxed as to allow the uvula to drop down on the tongue, the nitrate of silver, in a weak solution, forms the best application that I am acquainted with;

astringent gargles may also be used, to correct the condition upon which this depends. Tonics are called for when there is evidence of general debility.

### Hernia and Hydrocele.

This old gentleman, eighty-four years of age, shows considerable enlargement of the scrotum, on the right side, which is supposed to be a hernia. In making a diagnosis we recall the fact that the scrotum and testicles are liable to enlargement from several causes.

In the first place, hypertrophy of the scrotum may occur, especially in tropical countries; but sometimes, though rarely, met with in temperate climates. From the great increase in bulk of the subcutaneous cellular tissue and all the structures of the skin, that takes place in this disease, it is called elephantiasis, and in it the scrotum may attain the weight of fifty, sixty, or even more than a hundred pounds. Secondly, a tumor may appear in the substance of the scrotum, in character cystic, fatty, sebaceous, fibroid, sarcomatous, or malignant. Or the enlargement may be a hydrocele, an accumulation of fluid in the vaginal tunic of the testicle. During the latter stages of fœtal life a portion of the peritoneum is carried, before the descending testicle, through the abdominal rings into the scrotum, where it constitutes this vaginal tunic. The canal through which the organ passed speedily becomes obliterated by adhesion of its sides and the tunic becomes a closed sac. Hydrocele is due to an accumulation of the natural secretion of this serous membrane, and may take place at any period of life; though most common in adults, it sometimes occurs in children, and may even be congenital. In appearance a hydrocele is pear-shaped or ovoid, and may contain from a drachm or two of fluid to as many gallons. It is always elastic, fluctuating, and more or less translucent; it is permanent, and no impulse is communicated when the patient coughs. The diagnosis can always be made with the exploring needle. And finally, a hernia or rupture may occur. This is a protrusion of part of the contents of the abdomen, forming in this location a scrotal hernia, by the oblique or the direct descent, as the case may be. It also may be congenital, but it is most frequent in young, middle-aged and elderly subjects.

In the case before us the trouble has existed six months. The testicle can be felt, low down and at the back part of the scrotum, and is apparently healthy. The tumor is fluctuating, and not solid, as we would expect to find it in sarcocele, enlargement, or cancer of the testicle. Placing my finger and thumb around the neck of the tumor, and pressing against the pubic bones, I cannot find anything abnormal, or perceive any impulse transmitted when the man coughs; but this does occur upon the opposite side. A reducible, inguinal hernia then exists upon the left side; there is no doubt of that; and upon plunging an exploring needle into this tumor on the right side, we find, by the stream of water that appears, that it is a hydrocele. A hernia may coexist with an encysted hydrocele, but we can say, positively, that there is no bowel in this vaginal tunic.

Having determined the character of this trouble, we will now consider the treatment. A hydrocele may be treated with a view to its palliation, or to its radical cure. The palliative treatment consists in simply drawing off the fluid, repeating the operation as often as it reaccumulates. The sac is punctured with a trocar or bistoury, and, after the water has flowed off, the patient is allowed to go about his business. In the radical operation we endeavor to obliterate the cavity by causing inflammatory adhesion of the walls of the sac. This may be done in a number of ways. Laying open the sac freely, excision of part of the tunic, establishing an issue with caustic potassa, are methods formerly used, but now little employed. The injection of irritating substances into the vaginal tunic for this purpose is also an old method, but is still resorted to. Of these, the tincture of iodine has the greatest reputation, and may be used either of full strength, or diluted with one or more parts of alcohol. One or two drachms of the fluid are injected into the sac, and kneaded about with the hand, so as to bring it in contact with every part of its internal surface; it may then be allowed to flow off, or, if the full strength is used, it may be allowed to remain, to disappear by absorption. If this should fail, a seton may be carried through the walls of the sac, and kept there for a day or two, until the desired amount of inflammation is present, and then removed. This is a plan I frequently adopt, but the foreign body must not be allowed to stay in too long, particularly in a young child, in whom the structures are delicate and where a few hours may prove sufficient. If this means should not be successful, a cure may be generally obtained by cutting down upon and removing part of the sac. In all these cases the subsequent local treatment is antiphlogistic, with the application of evaporating and anodyne lotions to the parts.

In this case, the palliative course will be pursued. Being careful to avoid the testicle, the trocar and canula are introduced in front, into the most prominent portion of the tumor, and the withdrawal of the trocar is followed by a stream of an amber-colored fluid, full of micaceous scales. This is the ordinary color of hydrocele fluid, and it sometimes contains a large quantity of this fatty substance, cholesterine, which is an excrementitious principle, the same that occasionally forms calculi in the biliary passages. This fluid is coagulable, forming a solid mass upon the application of heat, and is of a saltish taste; showing that it contains albumen and salts; it strongly resembles the serum of the blood from which it is derived. It is of the same temperature as the blood in the interior parts of the body, and is the ordinary serous fluid, which is naturally secreted by a serous membrane in any part of the body,

and is readily furnished in quantity upon slight irritation.

The fluid being evacuated, the operation is completed. We will caution him, however, to keep his room for a day, as cases of gangrene of the scrotum have occurred after this operation, from the neglect of this simple precaution.

**Unusual Site for a Sebaceous Tumor.**

A small tumor, the size of a pea, has annoyed this patient for a year, although it has always been painless. It is situated upon the posterior surface of the lobe of the ear, is prominent, whitish, slightly movable, and fluctuates upon pressure. This is evidently a cyst with fluid contents, probably, from the appearance, seropurulent. There is but one thing to do—cut down upon it and remove it. Upon incision I find that the contents are not fluid, but resemble lard or tallow. It is a sebaceous cyst, which I will describe further on, after I have carefully dissected out every part of the wall of the tumor; as any portion of the secreting surface allowed to remain would cause a return of the trouble.

A sebaceous tumor is a dermoid cyst, having its origin in one of the natural structures of the skin, a sebaceous gland, crypt, or follicle, which corresponds with the follicle of the mucous membrane. These glands normally secrete an oily substance, which is intended to keep the skin soft and pliable. They are found all over the body, but are most frequently noticed about the nose and face, where their retained contents form those comedones or blackheaded pimples, worms, as they are vulgarly called. When the opening of one of these follicles becomes permanently closed by inflammation or other causes, the gland will continue to secrete this peculiar substance, which, finding no exit, accumulates and forms a tumor. This seems particularly liable to take place upon the scalp, where it is commonly known as a wen. The tumor is originally formed in the substance of the skin, but, from pressure, soon slips under it. Subsequently the overlying skin becomes thinned and atrophied by the tension, as in the present case, or it may become indurated and hypertrophied. The tumor is often solitary, but may exist in great numbers. It is generally small, but may attain the size of an orange, which I have never seen exceeded. It is always innocent or innocuous as far as malignancy is concerned. When subjected to irritation from pressure, or much friction from the clothing, the tumor may inflame and ulcerate, but such a termination is unusual.

No local application would be of use in the treatment; the cyst must be laid open, its contents turned out, and its walls torn from their attachments to the cellular tissue. Erysipelas may set in after the operation, but it is a rare contingency, and need not enter into our calculation.

**Enlarged Tonsil.**

For nine or ten weeks, this little girl, who says she is seven years old, has complained of her throat. She takes cold easily; has difficulty of breathing; and at night lies on her side, with her head thrown back, but, according to her father's statement, does not snore. We generally find, in a case of chronic enlargement of the tonsils, such as this appears to be on examination, that the patient sleeps at night with the head thrown so far backward as to get the mouth, if possible, in a direct line with the entrance to the larynx, so as to cause as little difficulty as possible in breathing, and he generally snores lustily. If this obstruction to respiration is allowed to continue the chest will become flattened in front and the child round-shouldered, in consequence of the excessive action of the respiratory muscles. This shows the importance of attending to these cases early, especially when they are caused by colds and repeated attacks of sore throat. In such cases the nitrate of silver in solution, of the strength of 5, 10, or 30 grains to an ounce of distilled water, is an excellent application; it may be used every day for three or four days, and then less frequently. It is more efficient in solution than in substance, in which shape it may act more energetically than is wished, and increase instead of alleviating the trouble. The solution may be applied with a mop or with a camel's hair pencil; in the latter case due care should be exercised to see that the brush is securely fastened. A case has recently occurred where, in making such an application, the brush fell from its handle into the patient's larynx, causing death by suffocation, followed by a suit for malpractice. A weak solution of iodine, painted externally under the angles of the jaw, is a useful adjunct to the treatment, into which alteratives and tonics should enter.

When much enlargement exists, the remedy is partial excision. Seizing the prominent part of the gland with a volsella, a probe-pointed bistoury is introduced with its back to the tongue, and, cutting upward and inward, we remove the part extending beyond the palatal arch. Never excise the entire gland; that would be a ruthless proceeding. We have removed about half the gland, and upon examining its structure we find the follicles greatly enlarged, as is generally the case. It is dense and firm, but I have seen cases where the gland was so soft and friable as to break under the pressure of the finger.

In consequence of the engorgement resultant upon enlargement of the vessels, from long-continued inflammation, there is generally some hemorrhage after the operation, although no large vessels are cut. To check the oozing, cold water or vinegar and water are generally sufficient; if it should persist, a solution of alum may be used as a gargle, or the part touched with nitrate of silver. Monsel's solution should never be used for this purpose, although it is the best known hemostatic, because it occasions instant coagulation of the blood, and the dense clot might fall into the larynx and cause death, an accident that actually occurred to a patient in the clinic of Professor Billroth.

It is important that the patient should be confined to a warm room for a few days after the operation, as exposure might be followed by an extension of the inflammation into the larynx, cases of which have been reported.

**Vesical Calculus in a Child.**

This three-year old boy was brought to me two months ago, with symptoms of bladder trouble. He had commenced to complain a year before, and appeared to suffer severely from spasmodic pain when he passed water. He wets his bed every night. He had been previously healthy, and now is well nourished and in good condition for an operation. He has been cared for so that he experiences but little discomfort from his vesical trouble. In examining a child for stone, it is always best to give a little chloroform, although it need not be pushed to complete anæsthesia. Warming and oiling the sound, it is introduced into the bladder, and the stone readily detected. This should always be done immediately before the operation, to avoid mistakes. The stone will be removed at the next clinic day.

# Editorial Department.

## Periscope.

**Cloth Tents.**

Dr. C. Henri Leonard, of Detroit, Michigan, writes to the Chicago *Medical Journal*:—

I have been using, quite extensively, in my gynecological practice, a tent that I have made out of cloth. It has proven of so much service to me that I have thought it might be of value to give it to the profession.

Some time ago I had occasion to make Emmet's operation upon a conoid cervix, for the relief of dysmenorrhœa and sterility, and I made use of them for intra-cervical packing; that is, to keep the cut edges of the cervical canal from uniting. At the first application they were very readily introduced (a sponge-tent having previously been used), and seemed to be just the thing. On the next day's visit, the neck having contracted somewhat, I was completely foiled in their introduction, and so had to resort to lint plugging. It at once struck me that if a *wire* could be introduced, in some way, *into* the cloth cone (Hippocrates had stiffened them by wrapping them around with horse-hair), their objectionable feature would be entirely removed.

On my return to the office, I tried rolling a piece of hair wire into the cone, and found that it answered exactly. Since then I have made use of them for almost all purposes as a dressing-applicator to the uterine cavity. They are equally applicable for dressing any other sinus-like canal, whether from wounds or otherwise.

To make one, you need but a strip of linen six inches in length, by three-fourths of an inch in width, a piece of hair wire four inches long, and a few inches of common thread. Roll one corner of the linen strip lightly between the thumb and finger, then unroll and place the centre of the wire at the corner so rolled, and then roll the cloth at this corner over it (*spirally*, just as you would go to work to make a paper lamp-lighter), till you get *almost* to the other corner of the same end, then bend the wire upon itself (double it, in other words), so that the two extremities will point to the unwound portion of the linen; this done, continue rolling the linen, in a *spiral* manner, about the double wire till exhausted, then tie with the thread the last spiral turn about the wire. You now have a tent about two and and a half inches in length, and one sufficiently firm to enter *any* normal uterine canal, and most any abnormal one. You can bend it to any curve you choose, to facilitate its introduction. It has still another advantage over all other tents, in that you can leave it *in sitû* (as I frequently do for twenty-four hours), with *no* danger to your patient, as it is *inexpansible*, and hence no excitor of metritis, though a stimulator (from its very slight mechanical irritation) to the endometrium. By so doing you can get a *prolonged* action of a medicament upon the lining membrane of the uterus, which is impossible to get by any other method of application. Further, you need not use such energetic local applications, and you may be sure that they reach the *whole* uterine cavity; something you cannot do with our intra-uterine applicators, unless you are a very skillful manipulator. The shape of the fundus-cavity is an anatomical proof of the great difficulty of making a complete application with the common metal applicators; whereas the cloth tent, by meeting with resistance at the fundus, immediately doubles upon itself, thus occupying the whole cavity.

You can make them of any *size*, and of any degree of stiffness, by increasing the thickness of cloth, and the size, or number of doublings, of your wire. I have them of all sizes, from those suitable for an ante-puberic uterus, to one as large as your index finger.

I use them now for cleansing the uterine tract previous to an application of astringents or other medicaments thereto, and find they

clean away the tenacious mucus much better than a syringe or a wisp of cotton, on Emmet's applicator. Indeed, it is invaluable in many ways. By leaving the thread without the vulva, the patient can as easily and safely remove it at her residence, as can her physician. You have only to remember to tie a string (or a colored thread) to the cotton pledget you leave in the vagina, so that she may be made aware which to remove (pull) first.

Taking all these points into consideration, with their plea of cheapness and cleanliness (to the operator, for they are thrown away, as fast as used, and need be touched only with the tip of the dressing forceps), I am sure they will commend themselves to any one who will take the trouble to make up a half dozen for trial.

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**Gallic Acid in the Treatment of Albuminuria.**

The following is from an article by J. T. Jameson, M.D., in the *American Practitioner*:—

I wish to call attention to the use of gallic acid in the treatment of albuminuria as a sequel to scarlet fever, with which, in a few cases, I have met with marked success. My experience with the remedy has been as follows:—

In my first case, occurring in a boy aged about twelve years, the symptoms were very severe. There was œdema of the face and lower extremities, but no effusion into the thoracic or abdominal cavities; violent headache; blindness; there had been four or five strong epileptiform convulsions; urine was scanty and contained blood, resembling exactly water in which fresh beef had been washed, and coagulating about one-half on testing with heat and nitric acid. To relieve the cerebral symptoms, a blister was applied to the neck, sinapisms to the extremities and lumbar region, cold to the head, and two or three doses of a mercurial with bitartrate of potassa. This was followed by iodide of potassium and a teaspoonful of a saturated solution of gallic acid every two hours. The acid was given in this manner for five days and nights in succession, the patient rapidly improving under its use, and the urine becoming more copious and less bloody. It was continued for twenty-two days, only at longer intervals, and at that date the urine when tested manifested the slightest possible trace of albumen, although the boy at this time was around the house and apparently perfectly recovered, having been so for a number of days. The tinct. ferri chloridi was given in small doses, and completed the cure.

My second case occurred in a girl about six years of age. The eruption was very livid and the skin had desquamated. The child recovered well from the fever, and was about the house. She went into a cold room to play with other children, and a day or two after the face became œdematous; there was pain in the head; slight fever; urine quite bloody, and on testing in the usual manner presented considerable coagulation. The patient was put upon a saturated solution of gallic acid, a teaspoonful every two hours. In seven days the urine was free from albumen and copious in quantity, and the child seemed well, with the exception of debility, for which the muriated tincture of iron was prescribed. About ten days after this, in consequence of fresh exposure to cold, there was a slight relapse, the urine becoming again bloody and the face puffed; but on resuming the gallic acid for a few days these symptoms speedily subsided and the recovery became permanent. In this case the gallic acid was administered unaccompanied by any other medicine, except an occasional dose of castor-oil to regulate the action of the bowels.

*Remarks.*—The treatment hitherto generally adopted in this affection has been that of acting derivatively on the bowels by means of mercurials, followed by such diuretics as digitalis, sweet spirits of nitre, acetate of potash, etc.; but if future experience should confirm the efficiency of gallic acid, I cannot but think we shall possess a remedy superior to any of the above. The gallic acid, if I understand its action aright, enters the blood unchanged, and unchanged is carried directly to the congested and inflamed capillaries of the secernent portion of the kidneys, acting as an astringent and tonic upon them, promoting their contraction, and thus arresting the exudation of red blood-corpuscles and promoting the normal secretion of urine. I have seen no unpleasant effects from its administration as freely as above represented. It does not disturb the stomach nor interfere with the appetite or digestion, but it does tend to constipate the bowels somewhat, rendering necessary the occasional use of a laxative.

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**The Care of the Eyes in Children.**

The *Sanitarian* quotes the following extract from a late work of Dr. C. R. Agnew:—

Any malady which deprives a growing child of its natural, playful exercises, and shuts it up in the poisonous atmosphere of an imperfectly lighted and ventilated, or over-heated domicile, is eminently worthy of our earnest and thoughtful attention.

The more intractable forms of these diseases—phlyctenular, or so-called strumous ophthalmia—occur in children who may have inherited feeble constitutions. In many instances, however, they occur in those who have been born without any special constitutional defect, but who have had their digestive and other blood making organs injured by a promiscuous dietary, and too little out-of-door life. The practice, common in every walk of life, of giving the diet of the family table to a young child so soon as it can stretch out its hands to gratify its natural gluttonous propensities, is here seen to produce one of its many evil results Such remarks may seem to some to be trite, but they will not cease to be pertinent so long as the evil at which they are aimed continues to be so wide-spread. If children, when weaned, were put first upon a

milk, and then a milk and farinaceous diet, and not allowed to have the full, promiscuous dietary of adult life, we would see a vast improvement in public health and a lower death rate. We would, moreover, see less of those forms of self-indulgence which spring from the uncontrolled selfishness and gluttony that begin at the nursery table.

We are prepared to urge, then, in every case of phlyctenular or eruptive inflammation of the conjunctiva, that the diet and regimen be placed upon a hygienic basis. We should also prescribe woolen under clothing, with a change of the same for the night, that the winter temperature of the domicile need not be kept above 65°. We should improve the action of the skin by alkaline or saline baths and daily friction. We should insist upon daily out-of-door life, and keep the child, when domiciled, in a well-lighted room, warmed, or at least ventilated, if possible, by an open fire in winter, and its eyes free from eyeshades, bandages poultices, and sugar of lead washes. When I say well-lighted rooms. I do not mean those middle or inside rooms in which so many people spend so much time, or in which they incarcerate their children, but outside rooms, that are penetrated and purified by direct sunlight. A child should never be allowed, sick or well, to play long or sleep in a room that is not above the ground level and daily pervaded by direct sunlight. People who value the lives of their children should select their homes with these things in view.

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### On Compressed and Rarefied Air.

From a report in the Boston *Medical Journal* we extract the following:—

Dr. B. Fränkel, of Berlin, has devised an instrument, which is made cheaply, and can be obtained by most patients for themselves. It consists of the bellows of an accordeon. On one side a metal tube is inserted, two centimetres in diameter, which carries the mouth-piece; the latter may consist of an inflated rubber cushion, similar to a pessary. Fränkel recommends the sitting position for using the apparatus. If the bellows is expanded by drawing the accordeon apart, the air contained in it will be rarefied; if it is compressed the air is condensed. If the patient, during the expansion or compression, applies his mouth to the cushion, the effect of the rarefaction or condensation of the air will communicate itself to the intra-thoracic air. The apparatus is without valves; as it is very easy to apply or withdraw the mouth from the cushion at the right moment, any such arrangement as valves is not necessary. On the margin of the apparatus there is a centimetrical measure, which plainly indicates by how many centimetres the wooden disks are separated or brought together. This shows the volume of air which has been drawn into or expelled from the apparatus. The apparatus is thirty-five centimetres in height and sixteen in breadth. If the foldings are considered, the bottom area will be five hundred and ten square centimetres. The expansion of the apparatus of one centimetre, according to the measure affixed, would correspond with five hundred and ten centimetres of volume. Fränkel considers the attachment of the dynamometer to his apparatus as unnecessary. All excess of action is avoided, as it is worked by manual force only, Fränkel having found that with his greatest effort he could not condense the air above one-eighteenth of an atmosphere, nor increase the power of suction above one-twentieth of an atmosphere. The patient is sensitive to the amount of pressure and draught upon his lungs, and can regulate both according to his own feelings. Fränkel simply warns his patient against over-exertion.

The apparatus is easily transported, and is applicable anywhere (for inducing artificial respiration in cases of chloroform asphyxia, asphyxia of the new-born, poison by oxide of carbon, and other similar emergencies).

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### Treatment of Varicose Veins.

M. Rigaud, Professor at the School of Medicine at Nancy, lately brought to the notice of the Surgical Society of Paris a new method of treating varicose veins. For nearly a quarter of a century M. Rigaud practiced cauterization with the Vienna paste, with the view of producing obliteration of the vein, and obtained a fair amount of success. He noticed, however, that on exposing the vein, in order to apply the caustic, the vein contracted to nearly half its diameter, and, at the same time, the external coat seemed to thicken and lose its transparency. This applied, of course, to all vessels thus exposed to the air, and from it he argued that if such an effect is produced by simple contact with the air, it would be superfluous to apply any other remedy. He accordingly treated a certain number of cases in this way; after cutting down upon the vein, he isolated it from the surrounding tissue by passing a bit of tape or adhesive plaster around it, and thus left it exposed to the air. About the seventh day the vein becomes completely dry and obliterated; this portion then separates from the rest of the vein, and the wound in the skin, caused by the surgeon, heals rapidly. It sometimes happens that the rupture of the veins does not take place, but they are transformed into a mass of fibrous tissue. M. Rigaud performed the operation 151 times; 140 on the lower extremities, and eleven for varicocele. The immediate result had been so far a success that the veins were completely obliterated, but, unfortunately, he could not say whether in all the cases the cure was permanent. In fifteen, however, of those he had seen some time after, and on whom he had operated on the lower extremities, the cure was radical and definite; but in seven of those cases M. Rigaud observed the development of new varicose dilatations of the collateral branches, as well as of the superficial veins of the skin.

This method of simply isolating the veins and exposing them to the air is, according to M. Rigaud, free from danger, and yet in his report he states that the "only" accidents he observed were phlegmonous inflammation, limited to the tract of the vein, erysipelas of the skin, some cases of simple phlebitis, but never diffuse—accidents which are not generally fatal. In his report, three fatal cases are recorded; but these were attributed to accidents during the operation; in two cases rupture of a collateral branch took place during the separation of the vein, and in the third case death was caused by phlebitis and pyæmia resulting from a slight puncture of the vein with the point of the bistoury. M. Rigaud consoles himself, however, with the consideration that these three cases, far from being discouraging, go to show the excellence of his method, and that it is only when the veins are wounded, whether intentionally or otherwise, that there is any real danger, especially when the veins are already in a diseased condition.

### On Meat and Milk.

The *Doctor* says:—M. Leven, who has investigated, with much patience, various problems involved in the digestion of food, has drawn from his experiments some practical conclusions which deserve the attention of all practitioners. He says that, in order to ascertain the digestibility of food, we must find out not only what is its aptitude to undergo the action of the digestive juices, but also what effect the food produces on the mucous membrane.

We must know in what part of the digestive tube the food is elaborated, whether in the stomach or in the intestine. Thus, meat stays a long time in the stomach, and milk a very short time. So that, if we have to treat an ulcer in the stomach, we can easily understand how important it is not to give meat, which excites the contraction of the muscular fibres of the stomach, and the circulation of the mucous membrane, in order to avoid returns of hæmatemesis.

Milk, on the contrary, will be preferred; it is an inert substance, which leaves the stomach to repose, and glides softly through the pylorus without any effort of the organ. It has been said, in such cases, that milk is more digestible than meat; but are we authorized to make this statement? No one has measured the time necessary for milk to pass into the circulation. How many hours does it take to emulsionize fat, and to render caseine absorbable? Does milk pass into the blood quicker than meat? That is probable; but we cannot, and ought not, to establish any comparison between the digestibility of these two substances. It does not take place on the same spot, and we have to do with perfectly different substances, between which we ought to make no comparison. Milk, we have said, leaves the stomach at rest; meat, on the contrary, keeps it in a necessary condition of excitation, which is useful with regard to digestion in general. If we prolong feeding on milk diet, we bring on a condition of weakness and apathy of the stomach, and it will easily be deranged by the slightest change of diet.

Meat, on the contrary, keeps up the activity of the stomach, comforts it, and in a general way facilitates the digestion. It is thus that, without considering substances with respect to their digestibility, it is important to know in what conditions their digestion takes place, in order that we may lay down the indications for hygiene and clinical practice.

### Hypodermic Injection of Nutritious Substances.

The London *Medical Gazette* says that, in the *Wiener Med. Wochenschrift*, Dr. Krueg. a physician to a private lunatic asylum, gives an account of a trial of this which he has recently made. Drs. Menzel and Perco, he observes, were the first persons who tried, in 1869, some experiments on dogs, for the absorption of articles of nutriment by the subcutaneous tissue, and found that an ounce of fluid fat was, by the end of forty-eight hours, completely absorbed, without inducing any peculiar symptoms of reaction. The same was observed with regard to a solution of sugar, milk, and even the yolk of egg. Only one experiment seems to have been tried on man, and that only with nine grains. These authors state also that Stricker and Oser had made experiments with the peptons.

Dr. Krueg observes that cases are always being met with in which artificial feeding is necessary, but cannot be executed by the ordinary means; and it may be required on various occasions to sustain life, at all events temporarily, until other means, for the time inapplicable, can again be resorted to. There are no data for stating how long the functions of the stomach may be superseded by subcutaneous injections; but, at all events, this is possible for several weeks, during which time other measures may be resorted to. In illustration of this, the following case is related:—

C. E., aged fifty-seven, a Hungarian proprietor, has been in an asylum at Ober-Döbling since 1868, and for the purpose of suicide had often refused all food, so that for twenty-seven months at a time he had to be daily fed by means of the tube; of late he has been more inconstant in his refusals, sometimes eating even abundantly, and at others allowing himself to be fed. On January 18, however, he began again to absolutely refuse food, and so continued, with the exception of one day, to the 24th, when it was resolved to feed him by the tube as heretofore; but all attempts to pass this proved fruitless, such violent coughing and irritation did it cause, so that the patient became breathless and cyanotic. Even when the tube was got into the stomach, the fluid injected was immediately expelled again by its side; so that the whole procedure, inducing so much suffering, proved useless. As ten days had elapsed without his taking any food, with the

exception of some soup once, it was resolved to try the subcutaneous injection, under the hope that a slight quantity of nutriment might be so supplied, so as to ward off danger to life, and perhaps exert a favorable impression on the patient when he found his resistance unavailing. Olive oil was the substance injected, the syringe employed holding fifteen cubic centimetres. To the syringe was attached a thin caoutchouc tube, terminated by the canula of an ordinary subcutaneous syringe; so that the movements of the patient did not derange the working of the apparatus. One or two syringes full were injected daily; therefore from fifteen to thirty cubic centimetres of oil. At first each syringe-full was thrown into five apertures, but afterwards into three, or even only two. The oil passed, drop by drop, out of the canula, so that at first an hour, and afterwards half an hour, was occupied in the emptying of each syringe. This slow procedure rendered the injection painless, and prevented reaction, which, as well as pain, was caused when the injection was made too rapidly, or too much fluid thrown into one spot. Most of the injections were made in the foot, some in the belly, and others in the sides. Some effect was produced upon the patient's moral condition, so that he partially abandoned his opposition to food. Thus, during thirty-nine days, he completely fasted during nine, ate voluntarily during ten, and was supported by the injections during the other twenty. It was not possible to weigh him, but his general appearance was not changed for the worse. With some occasional exceptions, when the injections were resumed, the patient gradually abandoned his resistance, and at last ate in a natural way, the experiment lasting altogether about two months. The chloroform odor characteristic of fasting persons disappeared soon after the first injection.

### On Anthelmintics.

The *Lancet* says, some investigations have recently been made by M. Heckel into the active part of pumpkin seeds. These seeds have been much used, of late, for the expulsion of the tapeworm, for which purpose they were employed in the early part of the last century. The mode of their administration has hitherto been to give the bruised seeds in large quantities, suspended in water, the outer envelope only having been removed. About two ounces of the seed was the ordinary dose. It is probable that so large a quantity contains much inert matter. Some recent observations apparently indicate that the active principle is contained only in the embryo. To ascertain whether this is the case was the chief object of M. Heckel's observations. He first administered, in two cases of tænia, about six ounces of the perisperm, tegumentum and testa, a purgative of castor oil having first been administered. The tapeworm was not expelled in any case. In two other cases the membrane surrounding the embryo was given—about half an ounce—preceded and followed by a dose of castor oil. In each case the tapeworm was expelled entire. Subsequent experiments yielded the same result. This membrane was then carefully examined, and found to consist of two membranes, separable by maceration in water. The outer membrane contained a resin in small quantities (one in seventeen), which M. Heckel believes to be the active agent. He believes that the castor oil acts not only by its purgative effect, but by dissolving the resin and rendering it active. The second membrane contained more chlorophyll than resin. It must not be forgotten that these seeds contain a fixed oil, to which their qualities have been ascribed, and which may be obtained by cold expression from the seeds, in the proportion of half an ounce to a pound. This oil has been used with success, in repeated half-ounce doses, in cases of tænia.

### Milk Diet.

Milk diet, as a means of treatment in dropsical disease, is specially advocated by Dr. Serre d'Alais (*Journal de Connaissances Médicales*). He associates it with a diet of onions, raw or cooked. He prescribes three *soupes au lait* every day, onions, and a dry diet. He lays down, as his method of treatment, first to relieve the urinary gland by abstinence from drinks generally; to excite it gently with onion; to nourish the body with milk, its primitive nutriment, without irritating it. M. Serre concludes by saying that, if this *régime* be not successful, the *régime* is bad. M. Desnos, at the Pitié, employs milk a good deal when it is desirable to provoke diuresis, and that in very different cases. But he is not a partisan of the exclusively milk diet, which is often not well tolerated, and is not sufficiently nourishing. The patient eats meat, drinks wine, but adds to his diet two pints of milk every day. The milk is drunk cold, and salted with two *grammes* of kitchen salt to the pint. M. Desnos recommends milk, especially in acute catarrhal nephritis. In chronic nephritis, it is only palliative. In dropsies complicating the diseases of the heart, M. Desnos employs also milk, which provokes abundant diuresis, and unloads the vascular system.

### On Intermittent Pulse.

In a lecture, in the *Lancet*, Dr. Broadbent says:—

The rhythm, otherwise equal, may be broken by the occasional omission of a beat, an intermission. Frequently the intermission is perfectly regular, a pulsation being missing every fourth, or tenth, or twentieth beat; but sometimes we have, say, ten or twenty beats, then an intermission, and very soon another. When the intermissions are frequent, *i. e.*, every four or six beats, they are more likely to be regular. The most remarkable instance I ever met with

was in a man, fifty years of age, who had two pulsations and then two intermissions. When counting the pulse, it occurred as one, two beats, then one, two intermissions. The man went out of the hospital in two or three days, to my great regret, and I was unable to make a careful investigation of the case. Intermission of the pulse is rare in young people, and I should think more seriously of it early in life. After middle age it is not uncommon; in some cases it is habitual, in others occasional only, and induced by dyspepsia, constipation, smoking, drinking, etc. One patient of mine has intermittent action of the heart, produced by a particular kind of tea, another by a particular brand of cigars. Some patients are entirely unconscious of the intermissions, especially those in whom it is habitual; others feel as if the heart rolled over or stopped, and are made uncomfortable. Although the pulse is absent at the wrist, the heart's action is not usually absolutely suspended; on listening, an imperfect beat can be heard just after the last proper beat, the sounds audible being a feeble first sound and a weak pulmonary second sound. The aortic second sound is usually absent, as if the pressure in the left ventricle had been insufficient to raise the valves, while in the pulmonary artery, where the resistance is less, some little blood appears to pass.

Intermission of the heart's action is usually attributed to some affection of its innervation, and the chief cause is, according to Dr. B. W. Richardson, shock, anxiety, or grief. The subjects of this affection are apparently none the worse for it, and I have met with it in many hale old men long past the usual term of life, and some have said they have had an intermittent pulse for very many years. Still it is stated that, though equal to the ordinary occasions of life, they break down more readily, and withstand attacks of disease badly. An intermittent pulse does not contra-indicate chloroform; I have often known the intermittence to disappear during its administration. I am speaking always of those cases in which an intermittent pulse is not a symptom of disease in the walls of the heart, of which there are other indications.

## Reviews and Book Notices.

### NOTES ON CURRENT MEDICAL LITERATURE.

——The Eighth Annual Report of the Board of Health of St. Louis is a very well prepared document. Among the many interesting facts it gives, we mention the examination of one hundred and four samples of pork, bought from the stalls. Of these 3.75 per cent. were infected by trichinæ, and 39.42 per cent. by the so-called "Rainey's bodies."

——"The Better Way," is the title of a tract of 48 pages, by A. E. Newton, published by Wood & Holbrook, New York city. It is an "appeal to *men* in behalf of human culture through a wiser parentage." There is very much in it with which every enlightened physician will heartily sympathize. At the same time the author assumes much as proven, which is unquestionably unproven; for example, that during pregnancy connection is hurtful. In certain cases it may be, but in others it appears to be beneficial to mother and child. It is because all lay writers inculcate similar extravagant and often erroneous views, that such topics should be left to physicians, and sensible ones at that.

### BOOK NOTICES.

**Transactions of the Medical and Chirurgical Faculty of Maryland. April, 1875. pp. 226.**

This well printed volume contains, besides the usual minutes and reports, the following articles:—"Contributions to the Medical History and Physical Geography of Maryland," by Dr. Joseph M. Toner. "Surgical Cases in Foreign Hospital Practice," by Dr. G. H. Boyland. "The Contagium Particles of the Eruptive Contagious Fevers; their Nature and Mode of Action," by Dr. J. E. Atkinson. "Tinnitus Aurium," by Dr. S. Theobald. "Attitude and Climate in the Treatment of Phthisis," by Dr. W. Gleitsmann. "Importance of the Galvanic Current in Electro-Therapeutics," by Dr. F. F. Mills. "Digitalis in Cardiac Disease," by Dr. S. C. Chew. "Treatment of Paralyzed Muscles by Elastic Relaxation," by Dr. J. Van Bibber. "Reports on Surgery, Obstetrics, Anatomy and Materia Medica," by Drs. T. R. Brown, W. T. Howard, W. C. Kloman and R. MacSherry. Several of these papers we have already noticed as separately printed. They are all meritorious efforts.

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## REFLECTIONS ON MUSCULAR POWER.

Captain Webb's late exploit of swimming across the Channel, from Dover to Calais, presents some curious physiological problems. The *Nation* puts them thus:—

"The doctors cannot tell how it was that he did not become chilled by his long stay in the water, and he can throw no light on the subject himself. He says, however, that he thinks being smeared all over with porpoise fat did him no good, but acknowledges that this point could only be settled by an attempt to swim across without the fat. The doctors testify to the great width and capacity of his chest, but throw some discredit on the received maxims of the art of training by declaring that his muscular apparatus is not particularly prominent, and is tolerably well covered with adipose matter. In short, he is not, to outward appearance, in what a trainer calls "condition," but looks like an ordinary but well-developed citizen of modern height, who eats what he pleases and takes only moderate exercise."

In writers on gymnastic training and physical exercise generally, the distinction is not drawn with sufficient clearness between training for strength and training for endurance. From personal inquiries among the class who make a business of exhibiting feats of muscle, we learn that they are well aware of the difference. Walking and swimming, for instance, do not require any violent contraction of the muscles. It is of more importance for the person who desires to excel in these employments to learn "the line of least action" in which he can accomplish such motions. When the muscles called upon always exert themselves with least waste, the capacity of continuous motion is greatest, and the quality of endurance most marked.

The Rev. Mr. Houghton, who, beyond any writer we know, has given such subjects a scientific appreciation, speaks of the little toil with which confirmed old scamps, who have often been on the treadmill, can keep up the motion it demands. The flight of birds displays to an astonishing degree the endurance derived from maintaining muscular exertion in the line of minimum action.

Trainers in this country recognize a peculiar feel which is given by a mass of muscles which are accustomed to this sort of exercise. They call such muscles "fine," employing the adjective not in its sense of admirable or beautiful, but in its physical signification of not coarse or gross, as in the phrase "fine linen," or "fine thread."

In recommending methods to bring up the muscular structure to this condition, they urge long and slow repetitions of the simpler movements, until slowly growing fatigue impels the muscles to adopt, under the unconscious coördinating power of the nerve-centres, those unions of actions which result in the simplest lines of motion. When once the muscles have learned these lines, they adopt them, out of preference.

In using the mechanism of his body, man

carries out the same awkwardness which he displays in inventions. Every one knows that the quality of simplicity in construction, and directness in action, is not the first, but the last result of mechanical constructions. When it is reached at length, all the world wonders that it was not long since thought of, for it looks so simple and easy! So it is with the muscles. The child goes about his movements in the most awkward way he can. By happy hits and chance action he learns the easiest methods of accomplishing motion. And these, in a general way, he retains. But it is safe to say that no man reaches that condition of physical perfection where all his muscles act to best advantage.

Students of the human form in art are well aware that the classical ideal of man is not that which is consistent with the greatest strength. That it was not, was one of those inspirations of the æsthetic mind of Greece, which so often penetrated to the last truth so hopelessly concealed from most nations.

Physical perfection, which these ancient artists strive to set forth, is not synonymous with physical strength, but with the greatest possible action of muscle—with the ideal conception of life. This is when, through accurate coördination, each separate muscular fasciculus and each group of muscles is so coördinated with the whole economy, that the sum of its individual action, before the stage of exhaustion is reached, is at the maximum. Applied to the entire system this gives the correct conception of the highest life. In spite of the criticisms upon it, one recurs to the definition of life given by the marvelous genius of Bichat—"The sum of the forces that combat death." The sum is greatest—to apply this definition to the subject in hand—when it is measured by *extension*, not by *intension*, when it allows numerous repetitions, without wear and tear, not when it is capable of one or a few enormous expenditures of effort. This insures longevity beyond what mere muscular development can, and also confers the "tolerance of disease," so important an element in viability.

## Notes and Comments.

### The Eucalyptus.

Our exchanges from the Pacific slope say that the culture of the Eucalyptus tree will become very extensive in California. It grows so vigorously and is so valuable, both for timber and fuel, that it will probably be preferred where these are the principal objects. Of the many varieties, the blue gum, or *Eucalyptus globulus*, has received the preference. It cannot be commended as a shade tree, although it will answer where a variety is desired. The leaves are of a bluish color, and appear to be of two kinds upon the same tree, those near the base being large, wide, and oval in shape, while those above are long and pointed, like those of a willow. These trees exude a strong-scented gum, and the bark and leaves have a very pungent and powerful odor, which we believe keeps all insects at a distance. The seeds are best sown in a frame under glass. After three months the young trees may be planted in boxes of earth, say two and a half or three feet square, and six inches deep, about one hundred to each box. If this is done in the fall, they will be ready to transplant in the following April. They should be planted not less than eight feet apart, and as they grow larger each alternate tree can be cut down or removed. In a good soil, well plowed, they will outgrow almost all other trees, and at the end of the fourth year will be twenty-five or thirty feet high, and six or seven inches in diameter.

### Senile Warts.

The dermatologist, Dr. Neumann, of Vienna, under the name *verruca senilis*, describes a skin disease of elderly people, which consists in the development of numerous warty tumors, especially on the back and chest. They have a rusty brown, or even a deep black color, and they give rise to considerable inconvenience, by becoming excoriated and ulcerated by the friction of the under-clothing. The tumors consist principally of numerous layers of epidermic cells, massed either on a smooth surface, or else on the remains of papillæ. Microscopically, these cells exhibit no abnormal appearances. The rete mucosum is, however, narrower than usual, and contains much pigment; the hair follicles are dilated with a mass of smegma, downy hairs, and epidermic cells; and the seba-

ceous glands are enlarged and filled with dried secretion, and their opening is either obstructed or obliterated, so that they project above the surface of the skin, as pale red, wart-like tumors. The verruca senilis, therefore, differs materially from an ordinary wart, both in the large share which the epidermis has in its formation, and also in the non-implication of the papillæ; and for this reason Neumann proposes "keratosis pigmentosa" as a more appropriate name. The treatment he recommends consists in scraping away the epidermis, and then applying soft soap, dilute carbolic acid, or else a solution of iodine and iodide of potassium in glycerine.

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**Catheterism of the Ureters.**

Professor Simon, of Heidelberg, who has introduced the practice of passing the whole arm into the rectum, describes a bold procedure with respect to the ureters. In circumstances under which it is desirable to dilate the female urethra (so that the finger may be carried in and the bladder explored), to perform the vesico-vaginal section, he states that this latter operation may be taken advantage of for catheterizing the ureters. He has himself done this seventeen times on eleven women, and has been enabled, without the slightest difficulty, to reach the pelvis of the kidney. As yet he has had no opportunity of employing this procedure in a case of disease, but believes it will be found useful in the diagnosis and treatment of calculous affections: calculi in obstructed passages might be extracted or cut out, and so forth.

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**Paralysis from Lightning Stroke.**

Professor Eulenburg relates a singular case of this nature. The subject was a man of forty-two years of age, pointsman on a railway. One day, when adjusting, as he was in the habit of doing, an electric clock, a flash of lightning, conducted by the telegraphic wire, struck him on the left side. He fell immediately senseless, and only regained consciousness an hour afterwards upon being drenched by a heavy shower of rain. He tried to rise, but found himself completely paralyzed on the left side. He succeeded, however, in dragging himself home. Next morning he was visited by a medical man. Under the influence of local faradization some improvement ensued in the condition of the leg, but the arm remained quite motionless. Ten months after the occurrence the man consulted Dr. Eulenburg. The arm was still paralyzed, except that the patient could move the fingers a little, and oppose the thumb. The left side of the face was affected, the eyelids trembled, and, loss of memory excepted, the intelligence was not affected. During two months faradization of the periphery, with galvanization of the brachial plexus and nerves, one and the other were alternately followed up. This treatment was now discontinued for a time, then resumed again, with marked success. The patient could raise, flex, and extend the left arm; supination and pronation of the forearm were, however, imperfect, owing to paralysis of the pectoralis major muscle. Sensation, temperature, and nutrition had, otherwise, all become normal.

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**The Cerebral Centres of Sensation.**

Dr. Brunton's recent experiments show that these centres are bilateral, so that when one of the centres of touch was destroyed, there was loss of tactile sensibility in the corresponding half of the body. Stimulation of the centre of hearing caused the animal to prick up its ears as if it heard something, while destruction of the whole of this centre rendered the creature totally deaf. Destruction of the centre of vision corresponding to one eye (e. g., the right) only rendered the animal temporarily blind in that eye, the function, after twenty-four hours, being carried on by the opposite centre.

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**The Hypnotics of Fatigue.**

We learn, from the *Lancet*, that the fact that severe fatigue, either of the muscular or nervous system, predisposes to sleep, has led Dr. W. Preyer, of Jena, to make experiments with those substances which are most likely to be formed in the tissues after such exertion, especially lactic acid, to see whether they possess any narcotic properties. He finds, after a long series of observations and experiments, that lactate of soda, either subcutaneously injected in a concentrated aqueous solution, or else introduced into the empty stomach in large doses, frequently induces sleep, if the subject of the experiment is kept quiet and undisturbed. There are, however, considerable individual differences in its effects, both on animals and men, not only as to the time of onset of sleep, but also as to its duration and intensity. Young and small animals are affected more easily than old and large animals. Preyer

finds that the exhibition of such liquids as are favorable to an abundant production of lactate of soda in the intestinal canal—*e.g.*, concentrated syrup, or copious draughts of sour milk and of whey—in many cases gives rise to drowsiness, and even actual sleep; and he thinks that this fact might be of practical application in some diseases where morphia and chloral are now exclusively ordered.

**Comparative Statistics of London and Paris.**

The population of London in 1874 was very nearly double that of Paris; the density of population in persons to an acre was, however, only 44 per acre in London, whereas it was 96 in Paris. The marriage-rate was 8 per 1000 in London and 10 in Paris; the birth-rate 35 in London and 29 in Paris; and the death-rate 21·6 in London and 22 in Paris. Whereas the marriage-rate in Paris exceeded that in London by 25 per cent.; the birth-rate in Paris was 20 per cent. below that in London. The death-rate in the two cities in 1874 showed little difference, and yet, in consequence of the variation between the birth-rates, the natural increase in the population during the year, by excess of births over deaths, was equal to nearly 14 per 1000 in London, whereas it was not more than 7 per 1000 in Paris. Notwithstanding that the marriage-rate in Paris considerably exceeds that in London, the proportion of illegitimate births in Paris was nearly 27 per cent., while in London it is only about 4 per cent.

**The Antiseptic Phynol.**

The *Scientific American* remarks that among the benzol group, all of which are derived from coal tar, are (besides the phenol or carbolic acid ($C_6H_6O$) and its many compounds) the cresol ($C_7H_8O$), the phlorol ($C_9H_{10}O_3$), and the phynol. The latter, of which the composition is $C_{10}H_{14}O$, is also found in the volatile oil of thyme, together with thymene, $C_{10}H_{10}$, and cymene, $C_{10}H_{14}$; but the cheapest source of its production is coal tar. Several compounds of the phynol were studied by chemists long ago; but it was reserved for Lewin, of Berlin, to discover that it is a powerful antiseptic. When pure, it consists of transparent crystals, of a very agreeable and strongly aromatic odor, while it is so powerful that a single grain in thirteen ounces of hot water is a sufficiently strong mixture for all purposes. Comparative experiments have shown that it possesses a much greater power to arrest fermentation and putrefaction than either carbolic or salicylic acid.

**Teaspoonful Doses.**

Attention is called to the difference between the size of teaspoons now and fifty years ago. A comparison of some of the last mentioned relics with those of recent manufacture show an increase in size of near twofold. Mackerel kegs, truck baskets, pint and quart bottles, fruit boxes, and many similar measures have materially decreased in our time, but teaspoons have increased. We do not offer to explain these mysterious facts of evolution and involution, but as physicians often prescribe active drugs by the "teaspoonful," we admonish them to look at the spoon. (New + Surg. & Reporter)

**Urine after Poisoning by Phosphorus.**

According to the researches of F. Selmi (*Berichte der Deutsch. Chem. Gesellsch.*, viii, 1463), fresh urine evolved no phosphoretted hydrogen when heated with zinc and sulphuric acid. But it was easily found when the urine has received an unpleasant alleaceous odor, after standing twenty-four hours. The resulting gas is freed from sulphuretted hydrogen by a solution of tartar emetic, and then gives a precipitate with a silver solution, which, when treated with zinc and sulphuric acid, produces the green hydrogen flame. The products of combustion, being collected by means of an aspirator, give, without further treatment, the reaction with ammonium molybdate. If the offensive urine is distilled, the ammoniacal distillate contains the previously mentioned alleaceous odor, but evolves no phosphoretted hydrogen with nascent hydrogen.

According to Selmi, neither taurocholic nor lactic acids can be found in the suspected urine.

**The Monobromide of Camphor.**

According to Dr. L. Pathault, the physiological effects of the drug are to diminish the frequency of the respiration and of the pulse, and in a very remarkable degree to decrease the temperature. Indeed, it may well be that the poisonous dose destroys life by this reduction of temperature, for artificial heat sometimes suffices to save the life of the animal. M. Pathault has studied the mode of elimination upon himself. He detected the presence of bromine in the

urine passed from four to six hours after taking a dose, and the quantity increased during the succeeding nine hours; it then gradually diminished during forty-eight hours, after which it could not be detected. On the nervous system the drug acts as a hypnotic, and in some cases convulsions and muscular tremors have been observed. Therapeutically, it has been employed in delirium tremens, insomnia, neuralgia, chorea, hysteria, and epilepsy, in some of these diseases with considerable advantage.

### Finger and Toe Abscesses before Diphtheria.

Dr. Kornmüller, in the *Med. Chir. Centralblatt*, describes a local affection of the fingers and toes which he has seen precede diphtheria. A small circumscribed phlegmon appears on one of the phalanges, and soon passes into a pustule. The system shows fever and debility. In about fourteen days the diphtheritic exudation on the throat begins. The observation is a curious one.

## Correspondence

### An Obstetric Case.

Ed. Med. and Surg. Reporter:—

I have gained so many good things from your valuable journal, and having never before contributed anything, feel inclined to place the following case at your disposal:—

I was called, on the 3d inst., to a case of obstetrics, a negress, æt. 40; stout, muscular built, the mother of three children; having been in labor since last Tuesday, the waters escaping on Wednesday; thus being in labor five days. I found her with scarcely any pains, the head at the superior strait—sixth position of Baudelocque, or occipito-sacral position of Hodge—the brow caught over the os pubis, and perfectly immovable. I applied Hodge's forceps. On making traction, they would not hold, but slipped on three occasions, without moving the head the least. The child being already dead, I proceeded to embryulcia; this I accomplished quite readily with Hodge's scissors. I then introduced the crotchet, and on making traction, the cranial bones gave way. There being then no further means of making traction, I gave her a considerable dose of quinine and ergot, to return in four hours, and had decided if there was no change in that time, or uterine action, to perform Cæsarean section (as I had performed that operation successfully in 1867). However, on my return at the time indicated, I found the head advancing; finally, the head emerged, and I seized it by the neck; after considerable traction, I delivered it, being a very large male child, with an enormous head. I left her doing quite well.

I do not remember reading a case before of the slipping of the forceps, as they were perfectly locked, and, as I believe, properly applied.

R. Fowler, M.D.

*Daleville, Miss., Oct. 4th*, 1875.

### Cholera Infantum, with Complications.

Ed. Med and Surg. Reporter:—

The following case has, I believe, some points of unusual interest:—

I was called to see Anna McK., aged eighteen months, on the 27th day of July, 1875, and found her to be laboring under an attack of cholera infantum, which proved to be very obstinate, and in spite of the best of remedies, terminated, in the course of ten days, in enterocolitis. This last affection reduced the patient very rapidly, and at the expiration of three weeks, was complicated with chorea, which was general, affecting the muscles of the lower and upper extremities, as well as those of the face. The involuntary condition and relaxation of the muscles deprived the little sufferer of sleep, both day and night, unless under the influence of bromide of potassa and hydrate of chloral.

Between the fifth and sixth weeks her condition seemed to be a hopeless one, but by persevering, giving stimulants, using a nourishing diet, and giving citrate of iron and quinine, and such remedies as were required for the enterocolitis, this feeble and greatly emaciated patient rallied, and by the end of the second month from the date of her first illness, was again restored to health. Have any of your readers met with a similar case, with chorea as a complication. Very truly yours,

*Augusta, Ky.* T. T. Bradford, M.D.,

## News and Miscellany.

### Philadelphia County Medical Society.

The next conversational meeting of the society will be held at the hall of the College of Physicians, Wednesday, October 27th, at 8 o'clock, P.M. Dr. C. K. Mills, will read a paper on the "Oxalate of Cerium." The medical profession are cordially invited.

### The Indiana Medical College.

We cheerfully insert the following card:—

Indianapolis, Oct. 1st, 1875.

The Faculty of the Indiana Medical College, and Board of Trustees of the Bobbs' Free Dispensary, desire to state to the profession at large:—1st. That the action of the management of the Bobbs' Free Dispensary in regard to Homœopathy in connection with the Dispensary was entirely without the knowledge or sanction of this Faculty or Board of Trustees.

We wish also to state that, 2d, the card

recently distributed throughout the State and Country, purporting to come from this College and Dispensary is a malicious forgery.

A reward will be given to any one who will furnish information leading to the detection of the party so forging and distributing the above card. R. T. Brown, M.D., *President.*

C. E. Wright, M. D., *Secretary.*

Has the action of the Dispensary referred to been revoked?

### Ohio County (Virginia) Medical Society.

At the Annual meeting, Oct. 8th, the following officers were elected for the ensuing year, viz:—President. Dr. Richard Blum; Vice President, Dr. J. H. Pipes; Secretary, Dr. S. L. Jepson; Treasurer, Dr. J. C. Hupp; Censors, Drs. Wm. Jordan Bates, James Cummins, and Robert W. Hazlett.

### American Association for Inebriates.

The Secretary of the American Association for the Cure of Inebriates earnestly requests that all physicians having reports or papers which have any bearing on this subject send to his address a copy, or information how they can be procured. These favors will be gratefully acknowledged, and reciprocated as far as possible. T. D. Crothers, M.D., *Secretary.*

*Albany, N. Y.*

### Personal.

—Professor Moriz Schiff, of Florence, has been awarded a prize of 20,000 francs, by the Academy of Medicine of Turin, for his work on the phrenology and pathology of the nervous system.

—Dr. Duchenne (de Boulogne), an eminent member of our profession, died last month, after a prolonged and painful illness. He was the father of modern medical electrization.

### Items.

—The Massachusetts Board of Health calculate that $50,000,000 could be sunk in drainage by Massachusetts, without loss, from the greater effectiveness of labor which would be caused by the generally improved tone of health.

—Pope Clement VI, owed the improvement of his memory to a slight concussion of the brain.

## QUERIES AND REPLIES.

"In the case reported in your journal, of August 21st, in which iod. potass and iod. ferri had salivated a lady, uninfluenced by mercury, in reply to Dr. Ferguson, of the 11th September number, I will add, that this lady has never used any of the preparations of mercury, either externally or internally."

Yours truly, Edward Vanderpoel, M. D.

*New York City.*

Mr Editor:—Will you, or some of the readers of the Reporter, give me the best known remedy for cancer? Jno. W. Morton, M. D.

*Mississippi.*

## OBITUARY.

### DR. LEVERETT BRADLEY.

Dr. Leverett Bradley died recently, in Jersey City, New Jersey, in the 77th year of his age. For a number of years past Dr. Bradley has been well known as an electrician of considerable ability; but he is best known from the invention, which he patented in 1865, for winding helices with uncovered wire. In 1859 he secured a patent for an automatic telegraph apparatus, with which, on a short circuit, he succeeded in recording about 15,000 words per hour, but he was unable to practically work the apparatus on a telegraphic line of ordinary length. In 1873 he obtained a patent for an apparatus for electric measurement, being a combination of a tangent galvanometer and rheostat, which proved very successful, and is now being much used in colleges and other institutions of learning, as a means of instruction and experiment.

## MARRIAGES.

Bethel—Bomberger.—On the 30th ult., in St. Luke's Reformed Church, La Trappe, Pa., by the Rev. S. H. A. Bomberger, D. D., B. N. Bethel, M. D., of Philadelphia, and Mary A., daughter of the officiating clergyman.

Doden—Armstrong.—In Morrisania, New York city, October 7th, 1875, by Rev. Dr. Curry, assisted by Rev. J. P. Swift, Dr. Josepeh Doden and Miss Margaret Elizabeth, daughter of James Armstrong, all of Morrisania.

Ewing—Ryno.—In New York, on Thursday, October 7th, at the residence of the bride's father, by Rev. Thomas McKee Brown, Dr. Henry J. Ewing and Miss C. Augusta, daughter of Crowell H. Ryno, Esq.

Hart—Tupper.—At Trinity Chapel, on Tuesday, October 5th, by Rev. A. A. Rickert, of Philadelphia, Dr. C. L. Hart, of Philadelphia, and Bird, youngest daughter of W. W. Tupper, Esq., of New York.

Mitchell—Van Cott.—In Brooklyn, on Monday, October 11th, by Rev. Thomas H. Burch and Rev. R. S. Storrs, D. D., Chauncey L. Mitchell, M. D., and Kate M., daughter of Joshua M. Van Cott.

Murdock—Paulding.—On Tuesday, October 12th, at Cold Spring, on the Hudson, by Rev. Isaac Van Winkle, George Wilson Murdock, M. D., and Mary Pearson, daughter of P. Kemble Paulding, Esq.

## DEATHS.

Lillie.—Suddenly, at Kansas City, Mo., on the 7th inst., Dr. James Lillie, formerly of Kelso, Scotland, in the 76th year of his age.

McClatchey.—On Tuesday, October 12th, 1875, Mary J., wife of Dr. R. J. McClatchey.

Ott.—On the 12th inst., after a lingering illness, Catharine W., wife of John J. Ott, M. D., in her 45th year.

Sweetser.—On the 14th inst., in this city, William Sweetser, M. D., in the 79th year of his age.

THE

# MEDICAL AND SURGICAL REPORTER.

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## Original Department.

### Communications.

### TWO CASES OF SCIRRHUS CANCER OF THE PYLORUS.

Read before the Rush Medical Association, of Philadelphia.

BY CHARLES K. MILLS, M.D.,

Assistant Physician to the Episcopal Hospital.

As the following cases present some symptoms of peculiar interest, and as the notes upon them are clinical, autopsical and microscopical, I have thought them worthy of being put on record.

Case 1.—S. B., æt. sixty-one, a widow, had been ailing for several months previous to the time of coming under observation. For six weeks she had been confined to her room, and partially to her bed. She was thin, pale and weak, and apathetic in manner. She was indifferent to food, and complained of frequent acid eructations, and a feeling of fullness and pressure in the epigastrium; but she had no sensations of pain. She was slightly constipated when first seen, but stated that she had been subject now and then, for many years, to attacks of diarrhœa and dysentery. Her countenance presented no distinctive cachectic appearance. A hard, uneven swelling, from three to four inches in length, and extending from below upward, and from left to right, across the umbilicus, could be felt through the walls of the abdomen. It was altogether insensitive. It could be driven about somewhat by the hand; and wind generated in the stomach or intestines frequently caused it to move. At times, a large, elastic prominence—probably the dilated stomach—could be observed, chiefly to the left and above the hard, elongated swelling. Vomiting was the principal and most distressing symptom in the case; occurring from two to five times almost every day. It usually came on one, two, or several hours after taking nourishment, which was mostly given in liquid form. No coffee-ground masses were vomited, and no blood was discovered in the ejecta, which generally had a sour and rancid smell, and consisted of large quantities of dark liquid, containing many lumps and flakes. Many remedies were employed without avail. They included opiates, chalk, bismuth, pepsin, oxalate of cerium, bicarbonate and phosphate of sodium, hydrochloric acid, bitter tonics, and nitrate of silver. Commercial oxalate of cerium, in doses of two grains, four times daily, gave her temporary relief, correcting wind and acidity, and enabling her to go twenty-four hours without vomiting; but it had no decidedly beneficial effect. Alkalies generally seemed to do her the most good. She finally died of inanition, four weeks after coming under my care.

*Autopsy.*—Twenty-two hours after death, an autopsy was made by Dr. J. B. Peale, of Holmesburg (under whose professional treatment the patient had formerly been), and the writer. The stomach was out of place; its pyloric end had sunk to a position a little to the left of the median line of the body, and just below a point which would correspond, externally, to the umbilicus. In consequence of this sagging, the commencement of the duodenum was also dislocated, its first couple of inches ascending from the stomach diagonally toward the right. The tumor felt through the walls of the abdo-

men was accounted for by these malpositions of the stomach and duodenum. No adhesions and no evidences of peritonitis were discovered.

The entire stomach, and about two inches of the duodenum were removed. For two inches from the pylorus the walls of the stomach were much thickened and indurated, and presented a dull, whitish, and irregularly-ridged appearance. The same mass extended slightly into the duodenum. About one inch from the pylorus, in the walls of the stomach, was a very small excavation, with a raised edge. The pyloric opening was contracted, but not occluded. Next to the hard, striated mass about the pylorus, came a small portion of the mucous membrane, which was slightly softened, and had a dirty, blackish look. The entire stomach showed signs of congestion, most marked in the fundus.

*Microscopical Examination.*—Dr. Joseph G. Richardson, to whom the specimen was referred for microscopical examination, reported as follows:—"Thin sections from the thickened pylorus, when stained with carmine and examined in glycerine, show, in the mucous and submucous layers of the gastric parietes, immense numbers of small round cells, arranged in cylinders, and accumulated in heaps, among the connective tissue fibres. The muscular layer has undergone a very marked hypertrophy, and exhibits many rounded cell elements of small size (similar to those mentioned above), infiltrated into the interstitial connective tissue. The tumor seems to be, therefore, a scirrhus cancer of the pylorus, corresponding almost precisely to the growths described as 'fibrous cancer,' by Rokitansky, in his 'Pathological Anatomy,' vol. II, p. 44."

For notes of the following case I am indebted to Dr. J. B. Peale, by whose invitation I was present at the autopsy.

Case 2.—A. R., æt. sixty-three, came under Dr. Peale's care in November, 1873, at which time he was badly nourished and suffering from dyspeptic symptoms. He complained of water brash, the eructations consisting of a thin, white, tasteless fluid, apparently from the salivary and buccal glands; and at times of a thick, glairy, tenacious fluid, which was also tasteless. Sometimes he had acid regurgitations from the stomach. He had loss of appetite and of digestive power. Many remedies were tried in vain, but he was finally relieved, and his appetite restored, by placing him on an exclusive diet of malt extract. At this period exploration of the abdomen gave no physical evidence of disease. By the spring of 1874 he was able to be about his usual avocation, but had occasional annoyance from indigestion and eructations of water and food.

In the autumn of 1874 his old symptoms all returned in an aggravated form. He began to vomit dark, acid, rancid and very offensive matter. His appetite diminished. Much knotting of the bowels appeared to take place, especially to the right of and across the umbilicus. This knotting constituted a hard mass, which varied in size. Sometimes, particularly when the patient was on the right side, the swelling seemed to disappear, returning when on the back or left side. He preferred to sleep on the left side, being easiest in that position. Constipation was persistent for a long time, with a dysenteric condition twice, at intervals of more than a year. Intense acidity of the stomach and indisposition and inability to take solid food continued. He lived chiefly on egg-nog, sometimes drinking lager beer. He gradually became more and more emaciated. During July, 1875, it was observed that the stomach had apparently sunk lower in the abdominal cavity, while the hard, contracted mass, supposed to be the duodenum, seemed to have risen higher toward the diaphragm. Pain was absent. The patient was an incessant smoker. His muscular strength remained pretty good. For five years he complained of a curious feeling in his legs, which he sometimes spoke of as trickling. An intensely cold and aching penis was a peculiar symptom, which annoyed him very much during his last illness. As a matter of some possible interest, it might also be mentioned that, about eighteen years ago, he became subject to monthly attacks of hives, very severe in character, which were relieved by copious applications of lead water to the entire surface of the body. From that time he was never well, and had become more or less emaciated. Just previous to his death, and at long intervals for many months before, he had attacks of copious vomiting of black, foul smelling, watery matter.

*Autopsy.*—Dr. J. B. Peale, Dr. Sowerby, U. S. N., and the writer, conducted the autopsy, July 21st, 1875, within twenty-four hours after death. The stomach was found in nearly the normal position, but movable, and could easily be drawn down to and below the umbilicus. It was of enormous size, and contained large quantities

of a black liquid. Opening the stomach, a tumor was found at the pyloric extremity, about three inches long, two wide, and one in thickness. It extended from the pylorus inward, and was a hard, yellowish, gristly mass, soft and bloody at its borders. It seemed to stop at the pylorus, but the duodenal side of the pylorus was infiltrated with blood. The pyloric orifice was not closed, but was somewhat constricted. The internal coat of the stomach had a general appearance of slight congestion. The liver, spleen, and pancreas were examined, and found not diseased.

*Microscopical Examination.*—Dr. E. O. Shakspeare, to whom specimens of the diseased mass were furnished, has obliged me with the following notes:—"The pieces of thickened pyloric extremity of the stomach were hardened in strong alcohol. Thin sections made in various directions, vertical and oblique to the surface, were stained with carmine, and temporarily mounted in oil of cloves. Under the microscope the cuts were found to exhibit the usual characters of scirrhus ventriculi. The mucous tissue consisted of softened and proliferated glandular substance, the connective and vascular trabeculæ of which showed numerous deeply stained nuclei. The sub-mucous tissue, mainly the seat of the pathological process, was greatly thickened and crowded with clumps of small cells. These cell masses were so arranged as to make the impression that the cellular proliferation abounding here had originated in the numerous lymph spaces in this situation. This part of the sections stained very intensely. The muscular coat was discovered to be thickened and sclerosed. Especially, near the submucous layer were noticed evidences of irritation, both in the energy with which the carmine had been imbibed and the increased number of nuclei."

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## FACTS, RELATIVE TO THE ACTION OF NITRATE OF SILVER, AND THE PROCESS OF TREATING NÆVUS WITH NITRIC ACID.

BY JOHN B. C. GAZZO, M. D.,

Of La Fourche Parish, La.

I transmit you two cases, one of nævus, the other of aneurism by anastomosis, successfully treated by the use of nitric acid. I read, with pleasure, the notice published in the Reporter, of the 18th of September, 1875, of the paper read by James Braithwaite, M. D., of England, at the last meeting of the British Medical Association, held in Edinburgh, in which he extols the virtue of nitric acid, as being superior, as a caustic, to nitrate of silver.

My views in regard to the employment of nitric acid were first published in the American *Lancet*, at New York, vol. VII, 1853, showing its value in the cure of obstinate ulcers preceding fever, and since, in the diseases heading this communication. These remarks will not only confirm the observations of Dr. James Braithwaite, in relation to the effects of the employment of nitric acid as a caustic, but show it to be more useful in certain diseases than the nitrate of silver.

I perceived that nitrate of silver has the property of opposing immediate union, which, I suppose, is occasioned by an inorganic pellicle forming on the surface of wounds. But these facts will lead me to make some remarks upon the difference of the mode of action of nitric acid as a caustic, and that of nitrate of silver, which has erroneously received the same denomination. The first case, one of nævus, will only require to be briefly and simply detailed. The case of aneurism by anastomosis was the subject of various chirurgical applications by three surgeon physicians, who, confounding the effects of the nitrate of silver with those of caustic, had long endeavored to cure this affection by the remedy, but in vain.

The nævus was situated under the left side of the inferior maxilla, rather deeply seated beneath the skin, of the size of an ordinary plum, but daily increasing in its dimensions. The patient was a little girl, three years old. I dipped a brush in a concentrated solution of carbolic acid, and applied it over the central part, to benumb the surface of the tissues, and also to dull the sensibility of pain, before applying the caustic of nitric acid to the part to be cauterized. Soon after ulceration was produced, and spread, to the destruction of the nævus; a common poultice of ground flaxseed arrested the process of destruction, which extended but to the boundaries of the nævus, and was followed by cicatrization.

The case of aneurism by anastomosis occurred in a Mr. Charles Hautin, aged thirty-five years, occupying the middle part of the right ala of the nose, and appearing to penetrate through the textures of which it is formed. It had been subjected to scarifications, both

within the nostrils and externally, and to applications of the nitrate of silver, during a period of two years, without the slightest advantage. Before cauterization, I rubbed a concentrated solution of carbolic acid on the surface of the aneurism, as a local anæsthetic, in the course of the intended caustic application of nitric acid, for the reduction of pain, and to permit the cauterizing action of the nitric acid into the externally morbid structure of the aneurism. This process was required to be repeated five times, at the interval of about five days. The aneurism being now destroyed, the part healed spontaneously, leaving a cicatrix, which is scarcely visible, and no orifice through the alæ nasi, as it was feared any cure must do.

I think it important, once more, distinctly to state to your readers that the nitrate of silver is not a caustic in the true sense of the word; it subdues inflammation, and induces resolution in the healing process of nerves and muscles, therefore it preserves, and does not destroy, the part to which it is applied. The pure nitric acid, on the contrary, is a caustic. It destroys; it induces the ulcerative process. Touch a part with the nitrate of silver; an eschar remains for a time, and then falls off, leaving the adjacent part healed. Do the same thing with the nitric acid, and it induces a slough, which, being separated, leaves an ulcerated surface. If an ulcerated surface, secreting pus, be touched by the nitrate of silver, the discharge is immediately converted into lymph. It is the property of the caustic nitric acid, on the contrary, to induce, not only ulceration, but suppuration. Meanwhile, in conclusion, the peculiar properties of the nitrate of silver have long been kept unknown to us, through its designation by the name of lunar caustic, affording a most striking instance of the influence of a term, or of classification, upon the medical practitioner's mind, regarding the therapeutic actions of both the nitrate of silver and nitric acid, as, indeed, of all other caustics, as the relation of the sun and moon to each other—the first preserves, the second destroys, the first induces cicatrization, the second ulceration and disintegration. I have, in many instances, introduced a crayon of nitrate of silver into the opening of abscesses to the depth of from one to five inches. The pain caused by this operation is trifling and imperceptible; the eschar produced prevents the union of the walls of the trunk of the abscess. In the lumbar or psoas abscess I have found this procedure especially useful, the largest and deepest abscess being thus brought to heal in seven or nine days. The irritation with the crayon of nitrate of silver has to be repeated every two or three days; the intention of this mode of practice and procedure being to prevent the burrowing of pus or matter in other organic structures.

Since the discovery of this substitutive agent, the nitrate of silver, its limited sphere of usefulness has been gradually enlarged, until its beneficial results are obtained in a large and diversified class of diseases. The therapeutical employment of nitrate of silver has been witnessed in various forms, as by inhalation, internal administration and local application. To particularize a few instances of its successful use in each of these different modes—its internal administration has been most beneficial in, among other diseases, dysentery, delirium tremens, and epilepsy; it has been inhaled in bronchitis, thymus, asthma, and other chest affections; its external and local use was most marked, applied as an embrocation to painful phlebitis; in acute inflammation of the veins; to the spinal column, in tetanus; and the course of nerves in rheumatism; obstinate cases of erysipelas have yielded at once to its topical employment, in painful urethral strictures, in irritable hemorrhoids, and other affections.

The last test of its virtues has been by its hypodermic medication, to a patient of mine, in neuralgia of the facial nerve, in which it has verified all expectation. The case was that of a man, affected with *tic douloureux* for five years. Chloral hydrate and the usual other remedies had been resorted to in vain; having already, for some years, experienced its good effect as a remedy in nervous affections, I employed it in a concentrated form with tincture of iodine, ʒss of the first, to ʒij of the second, by hypodermic injection into the diseased nerve, where it promptly and effectually stayed the advance of the nervous pain, and eventually accomplished a complete cure. Another patient of mine comes opportunely to corroborate the good opinion formed of this mode of hypodermic use of the nitrate of silver: he was affected with lumbago; the muscles in his loins were affected by neuralgia for many years. The hypodermic injection of nitrate of silver, having been used in a diluted form with glycerine, etc, to the seat of the diseased muscles, a most healthy change soon mani-

fested itself, and ultimately complete cure. I rejoice in this further advance in the therapeutic uses of this invaluable agent and remedy.

## TREATMENT OF DIPHTHERIA.

BY J. H. NOWLIN, M.D.,
Of Rome, Ga.

In the Baltimore *Physician and Surgeon*, for October, inst., now before me, is a short discussion, by several members of the Medical and Surgical Society of that city, on Diphtheria, especially in reference to its Treatment.

Dr. Arnold uses the following language:—"Eminent men are divided in their opinions as to whether the disease is local or an infectious constitutional disease with local manifestations. If the former, then local treatment would be applicable; if the latter, then constitutional treatment must be used. If the local treatment were peculiarly successful in severe cases, it might settle the question. So far, the general treatment of these cases is discouraging, for they usually do badly, and any extraordinarily good results are to be ascribed to the mildness of the attack rather than to the treatment. I am not satisfied with any mode of treatment, as I have tried both. I have seen recoveries, but more deaths. We must treat the patient and combat the symptoms as they arise. I have no faith in specific treatment," etc. From these views there was no dissent.

Now, while I do not pretend to have discovered a specific mode of treatment, such as will succeed in every case, however malignant and advanced in its fatal tendency it may be, I do assert that for the last fourteen years—a part of that time in the upper part of the Valley of Virginia, but the most of it in this locality—I have not lost a single case, of any grade, if seen early, and the treatment prescribed was rigidly enforced. Nor have I heard of a death in the practice of any other physician who has been induced to adopt the same plan, and been called early in the disease. For many years I have not had a doubt of the zymotic character of diphtheria, and, before adopting my present mode of treatment, dreaded to meet with it as I did with malignant scarlet fever or small-pox.

The following case will sufficiently exemplify my plan of treatment, to be modified, however, to suit the conditions and circumstances of each case. About the 1st of October, inst., I was invited to see little Johnnie T——, aged about two years, and found the following symptoms: Pulse 150, and rather feeble; submaxillary glands prominently swollen; respiration much obstructed from the turgescence of the nasal mucous membrane and the profuse deposit upon it. The tonsils were much enlarged and covered with a dingy-gray adherent effusion, and complete loss of appetite. There was cough, but not of a croupy character. These I regarded grave symptoms, but such as I had encountered in numerous instances. The following was ordered:—

℞ Spir. frumenti, ℥iij
Spir. ammo. aromat., ℥j
Spir. lav. comp., ℥ss. M.

Sig. A teaspoonful, in as much water, every hour, night as well as day.

Directed that the patient have all the sweet milk, beef tea, soup, and soft egg he could be induced to swallow.

LOCAL TREATMENT.

℞ Sat. sol. potass. chlor., ℥iv
Acidi tannici, ℥ij. M.

Sig. By means of a large mop, made of soft material and thoroughly saturated with this mixture, swab out the throat every three or four hours, the mop to be passed between the tonsils *to the posterior wall of the pharynx*, and gently rotated till all the loosely adherent matter is removed. Two applications each time will generally relieve the throat of quite an amount of the poisonous stuff.

This treatment is used mainly for its detergent effect, whereby is removed the offensive matter, which, if absorbed, would give additional energy to the disease.

In twenty-four hours from the beginning of this treatment the pulse was 132, breathing greatly relieved, tonsils considerably diminished and cleaning off handsomely. Treatment continued. By the end of the third day the patient was out of danger, and soon recovered.

Alcohol I consider *the remedy, from the beginning*, and used with freedom in proportion to the severity of the symptoms—from a teaspoonful of any good full proof spirits to two tablespoonfuls every four, three, two, or one hour—I have never, in a single instance, seen the most remote sign of intoxication from its use. To me it really seems to exhaust its force in neutralizing the blood poison.

This treatment is recommended with great confidence.

# Hospital Reports.

## JEFFERSON MEDICAL COLLEGE.

CLINIC OF PROFESSOR GROSS, Oct. 9th, 1875.

REPORTED BY FRANK WOODBURY, M. D.

### Chronic Periostitis of Femur, Simulating Necrosis.

Gentlemen:—Mrs. Catharine D., aged 45 years, comes before you with a history of chronic disease of the left femur. When eleven or twelve years old, she first had trouble with her limb, which, continuing a certain time, finally disappeared, after throwing off several small pieces of bone; it then became strong, so that she was able to use it until six years ago, when it commenced to discharge on the inner side of the thigh.

The original trouble undoubtedly was necrosis of the femur; portions of the bone dying, were gradually separated and discharged. The parts then healed, leaving this deep scar on the outer aspect of the thigh. Six years ago an abscess formed in the same limb, and left an opening a short distance above the knee, which has been discharging ever since; it never heals, but is always sore. There is also stiffness of the knee-joint.

I propose to cut down upon the parts and thoroughly examine their condition. Before I do this we shall put the woman under the influence of ether. In administering ether, or, in fact, any anæsthetic whatever, it is very important to see that the patient's body-clothing is loose, so that motion of the diaphragm and thoracic muscles may be free and unrestricted. Ether is safer than chloroform, because it contains a certain amount of oxygen, which chloroform does not; it is a poison in the true sense of the word; although I do not fear it when carefully administered, as it is by Dr. Hearn, who has given it for me for several years. When chloroform is used the patient should always be recumbent, either on the back or on the side, but ether may be administered in the sitting posture without any detriment. The stomach should be empty, for ether is almost certain to occasion vomiting, especially when the patient takes it with reluctance; this sometimes, though not so often, follows the administration of chloroform.

Before operating, the vessels of the limb are emptied of their blood, by the elastic bandage, which is immediately removed after the gum tubing is applied above the point at which we wish to operate, where it acts as a tourniquet. This gives the surgeon a great advantage, and is particularly useful in operations upon bone, as it relieves him of the necessity of frequent sponging, and gives a clear field for dissection, forming what is called "the bloodless operation."

Upon slitting up this sinus, we find a perfect nest of exuberant granulations, that are imperfeetly formed, showing unhealthy action. The bone does not seem at all affected; apparently the whole difficulty resides in the periosteum. I shall not attempt to restore motion to the anchylosed knee-joint; it has been so long in this condition that the adhesions have become bony. I have scraped away all the diseased structures, as well as the unhealthy granulations, and will now trim away the edges of the sinus, which would otherwise greatly interfere with cicatrization and repair. The wound shall be packed with patent lint, to check oozing, and a water dressing applied. After the removal of this belt, or tourniquet, for it amounts to that, there often is a tendency to bleeding, that may not show itself for several hours. This fact is mentioned so that you may be on your guard against secondary hemorrhage after using the elastic bandage.

### Obscure Affection of the Hip-joint.

This little girl, six months old, has some trouble in her right hip, though she is plump and fat, and her general health and nutrition are certainly not much impaired.

Three weeks ago her parents first noticed this trouble, which appeared suddenly, without any known cause. After going to bed, apparently well, she woke in the middle of the night, restless and feverish. The mother says that the baby's mouth felt hot to her breast when she took her up, and that she was fretful and appeared to be in pain. She has had no fever since that time, but she has had screaming spells. The mother recalls that she was obliged to leave her baby on the evening before she was taken sick, and that the child had a paroxysm during her absence, but finally quieted down and slept until midnight.

Upon examining the child carefully we notice no change at all in the shape of the nates; they are both alike, and there is no discoloration, or abnormal heat in the hip, to indicate inflammation. There is no alteration in the length of the limb, nor is there any history of a fall, to lead us to suspect fracture or dislocation. Suffering is evidently caused by moving the limb, but rotation, flexion, and abduction, indeed, all the motions of the joint, are preserved, without the slightest friction that I can detect.

It is possible that this is the result of an injury. The child was left, by its mother, in the charge of a nurse, who may have carelessly let it fall and would not acknowledge it, a circumstance that I have no doubt often occurs. In the absence of any bruise or signs of injury, I can only conjecture that this is neuralgia or rheumatism. I will, therefore, order half a grain of quinia, three times daily, in solution, made as palatable as possible, and will have the affected limb rubbed several times in the twenty-four hours with diluted liniment of ammonia, with the addition of some tincture of aconite. I will also recommend dry friction, and a warm bath daily, and hope, by these means, in a short time, to effect a perfect cure.

When we cannot put our finger upon the exact seat of disease, or discover the actual

morbid process causing the trouble, we sometimes are obliged to treat cases upon what is termed general principles, adopting the expectant mode of treatment, and relieving symptoms as they arise. It does not follow that our treatment will be of no benefit because the pathology of the case is not clear, for we can mitigate suffering by anodynes, and procure sleep and comparative comfort for the patient, and govern our treatment by broad principles, based upon our general knowledge of disease. If we were obliged always to wait until we could make a positive diagnosis before instituting treatment, although eminently desirable, we might lose most valuable time.

### Erysipelas, Followed by Chronic Synovitis of the Ankle.

Four months ago this man, sixty-four years of age, had typhoid fever, followed by phlegmonous erysipelas in the right leg, and abscesses in various parts of the body.

Erysipelas is of different degrees of severity, from the simple variety in which the skin only is affected, to the phlegmonous, followed by abscess, where the inflammation may extend through all the subcutaneous structures, and even attack the bone. The latter variety is accompanied by extensive structural change, producing grave constitutional symptoms, and sometimes death. In these cases the system is generally in a depraved condition when the disease first appears.

We see that the foot is much enlarged; it is distorted, of unseemly shape, and bears the evidence of serious disease. Here are tumefaction and discoloration, the outward signs of morbid action; and on the dorsum of the foot we find a papule, looking like the anus of a bird, which, wherever found, always indicates that disease of the bone is present. This is formed by granulations of an unhealthy character at the mouth of a sinus, which we find, upon introducing the probe, leads to denuded bone, doubtless one of the metatarsal bones in a state of caries, or of necrosis, corresponding, respectively, to ulceration and mortification of the soft parts. There is erosion of the cartilages, and the bones of the tarsus and metatarsus are bare. The plantar surface of the foot is very much swelled, from interstitial deposit of plasma, the result of inflammation.

Great damage has been done here, and the question now arises, what can be done in a case of this kind, in the way of treatment? My conviction is that nothing short of amputation above the ankle will be of the slightest use to the patient. The foot is not only useless, but keeps him from earning his living by confining him to his bed. We might readily remove the metatarsal bones here, but this would be of little benefit, as there is extensive disease of the soft parts, and probably of the bones of the ankle-joint. He is a laboring man, and the operation will enable him to wear a useful artificial foot. He will be made comfortable in the hospital for a few days, to prepare him for the operation, which we will not have the time to perform to-day.

In the treatment of phlegmonous erysipelas there is one method that cannot be too earnestly impressed upon your minds: it is early, free incisions. Make a number of them, and let the knife grate on the bone. This relieves tension, permits drainage, and prevents extension of the disease.

### Pott's Disease of the Spine.

(Clinic of Prof. Gross, Phila.)

You see in this child a projection of the vertebræ in the dorsal region, on a level with the spines of the scapulæ. The little girl is seven years old, and this trouble was first noticed four months ago. When an infant she suffered from cholera for several months; subsequently she had measles, but not severely; although always thin and pale, she has never been particularly delicate, and was in good condition when this disease began, except that her bowels are habitually costive and irregular. Her mother says she never had any appetite, and that she sleeps poorly at night, particularly during the last week; she sometimes wakes up and cries, but never complains of pain in the back.

When this trouble began, it was noticed that she was losing strength in her lower limbs; this grew rapidly worse, so that she was obliged to bend forward, in walking, and grasp the front of the thighs with her hands. This posture takes the weight of the upper extremities from the spine, and is almost characteristic of the disease we are considering. She cannot walk at all now, and has to be carried like an infant.

This affection is due to a morbid process going on in one, or perhaps two, of the bodies of the dorsal vertebræ, to which it is limited; it does not involve the lateral or spinous processes. Pathologists are still undecided whether this disease begins primarily in the spongy body of the vertebra, in the intervertebral cartilage, or in the periosteum; there is but little opportunity for settling the question by post-mortem examination, as patients rarely die in this stage of the disease. I incline myself to the opinion that it is a disease of the bodies, due to a deposit in their substance of a peculiar kind, and that it accompanies a strumous condition; it is similar to the tuberculous material found in the lungs, lymphatic glands, and elsewhere. In such subjects the morbid process is liable to be provoked by a variety of causes. A person may be apparently healthy until he receives a blow or a fall, when the disease is at once developed; or it may occur without any external injury, from a sudden suppression of the cutaneous perspiration; but I wish to impress upon you that this result could not occur, that it would be impossible, unless this predisposition to the disease were present. Just as in pulmonary consumption there cannot be tubercle developed unless the tendency to such deposit pre-exist in the patient.

In this case, this peculiar material, which

always tends to disorganization and never to repair, has been deposited in the vertebræ; followed by softening and loss of substance of their bodies, sinking of the upper part of the spinal column, and curving and protrusion of the corresponding spinous processes. This is of less than six months' standing, but unless its course is stopped it will produce great deformity, and make the patient hump-backed for life.

This affection is caries of the spine, first described with any degree of accuracy by Percivall Pott, of London, during the latter part of the last century, and hence frequently called Pott's disease of the spine. Scrofulous in character, it is an affection of early life; it attacks, by preference, the dorsal vertebræ, though sometimes found in the lumbar and cervical. It is easily provoked in proper subjects by slight causes, as a fall or blow, disorder of the digestive apparatus, checked perspiration, or any derangement of the general health. The early symptoms are not very marked; in many cases the first complaint is an uneasy sensation, if not actual pain, at the stomach, but this is not always present. As the disease progresses, there is weakness of the lower extremities, and the little patient stoops like an old man, and walks with his hand on his knees, as in the case before us. Pressure with the thumb upon each of the spinous processes in succession generally elicits pain when the affected ones are encountered; in some cases there is entire absence of tenderness. Usually there is accompanying derangement of the digestive apparatus. The stomach is out of order, the tongue is coated, and attacks of diarrhœa alternate with constipation; some fever may be present. As the disease advances we find signs of pressure upon the cord, preceded by symptoms of spinal irritation; the lower extremities are benumbed, and there may be complete paralysis of motion and sensation.

The treatment naturally divides itself into local and constitutional, or mechanical and medical. The first indication is to take the weight of the upper extremities from the spine, and the second is to invite a cure by bony anchylosis of the affected vertebræ, by keeping the parts perfectly at rest. An apparatus should be applied to prevent motion, and to keep the head in a line with the spine, the child being placed on her back, upon a soft mattress, without any pillow under her head, until she is cured. We sometimes resort to the actual cautery, as a counter-irritant in these cases, and in my experience it has been very useful; the issue may be kept open for six or eight weeks. This treatment has been called barbarous, and loaded with abuse, but I have learned to form my own judgment of my cases, and to rely upon it in their treatment, without regard to the medical fashion of the day. After the disease has been counteracted in this way, in the course of eight, ten, or twelve months, the patient may begin to take gentle exercise in the open air, wearing an apparatus to prevent further deformity. I will give her, as an alterative tonic—

| | | | |
|---|---|---|---|
| ℞. | Tr. cinchonæ comp., | fl.ʒss | |
| | Syr. ferri iodid, | gtt.x | |
| | Hydrarg chlor. corros., | gr.$\frac{1}{30}$ | M. |

Sig.—Three times a day.

Her skin should be washed every morning, with a towel wrung out of salt water. She must have a plain, nutritious diet, including eggs, rice, fish, oysters, and poultry. Attention must be paid to the skin, that its functions are well performed; it is a large surface, which now is acting poorly, the perspiration being disturbed, and excretion interfered with. On no account should you omit the recumbent posture. If properly treated by the physician and nurse, but little difficulty will be experienced in making a satisfactory cure, for humpbacks are a disgrace to their attendants (med + Surg Reporter)

### Ganglion of the Wrist.

The young lady now presented has a bursal, or thecal tumor, sometimes called a ganglion, on the back of the left wrist. This has been caused by a deposit of inflammatory new material; a blow, or some like cause, has excited some slight inflammation, in consequence of which the sheath, becoming adherent to its tendon, has formed a pouch, or bag, in which the natural secretion accumulated. The fluid contained is thick and jelly-like, similar to the gum that exudes from a cherry tree. Possibly, now and then, the affection may exist as a congenital defect, but it generally occurs as I have described.

The treatment is simple. The older surgeons used to rupture this cyst, and disperse it into the cellular tissue by a blow with a weight, or a book; the Bible was the favorite for the purpose, on account of a supposed special virtue in this direction. I will introduce a tenotome under the skin, some distance from the tumor, scarify it and liberate its contents; the sac will subsequently be obliterated by inflammation, encouraged by painting the skin over it with iodine, and applying pressure; an old-fashioned cent, or a silver quarter, makes a good compress. The dressing will remain on for three or four days, and then be temporarily removed to make a fresh application of tincture of iodine. If I were not a modest man I might claim originality for this method of treatment, as I have never seen it described anywhere; it is not in any of the books, and I have used it with great success for many years.

### Inverted Toe Nail.

This young lady complains of an ingrowing toe nail, which is excessively painful. The toe is broad, out of shape, and at the corner of the nail it is inflamed. This produces not only inconvenience, but suffering; the patient cannot walk, wear a shoe, or bear the pressure of the stocking.

Treatment should be instituted as early as possible. Dupuytren was in the habit, in these cases, of removing the entire nail, an unnecessary and barbarous procedure. No surgeon of the present day, of any sense, removes the entire

nail; this certainly would be unjustifiable. After the patient is under the influence of chloroform, I will remove the inverted portion, root and all. Taking a stout knife, I introduce the point from above, through the skin covering the root of the nail on the affected side, and carry the incision straight to the free extremity of the nail. The ingrowing piece is dissected free and removed; no part of this should be allowed to remain, as it would give trouble, and might require a subsequent operation. If slight inversion only exist, a cure may sometimes be attained by cutting away the overlying soft parts. A water dressing will now be applied, and, in the course of a week or ten days, the patient may be allowed to hop around the room.

**Lateral Operation for Stone in the Bladder, in a Child.**

The next case is the little boy who was before you on Wednesday last, and who has suffered for a year with marked symptoms of stone in the bladder, with pain, incontinence of urine, tenesmus, and spasm when making water. He is three years old, his general health is excellent, his digestion and appetite are good, and he would sleep well, were it not for the occasional spasmodic pain caused by the position assumed by the stone when he is lying on his back.

I shall employ the lateral operation, the operation of Cheselden, of London, who flourished the early part of the eighteenth century, the greatest lithotomist England could boast of at the time, and who was the author of a work on anatomy. In performing the operation upon a child of this size, the external incision should commence at the raphé of the perineum, about half an inch in front of the anus, and be carried obliquely backward to a little behind the anus. This divides only the skin and superficial fascia; the knife then encounters successively the transverse muscle and transverse perineal artery, part of the triangular ligament, and the membranous portion of the urethra; and, in the third and last step of the operation, the prostate gland and neck of the bladder. When the membranous portion of the urethra is exposed, the finger is introduced into the wound and the groove of the staff felt for; the knife, guided by the finger nail, is then introduced into the canal, not vertically but obliquely, and carried on to the bladder.

The evening before the operation the patient should have a dose of castor oil, and if this does not act freely it should be supplemented by an enema in the morning. This accomplishes a twofold object; first it avoids an accumulation of feces, which would distend the rectum and bring it in the way of the operator's knife, and, secondly, it leaves the bowels free, to remain at rest for some time after the operation. The urine should be allowed to accumulate for several hours so that two or three ounces may be in the bladder. If the patient cannot retain it, the penis must be tied up, or some water injected before operating. If the bladder were empty the knife might transfix its walls and cause fatal peritonitis; this is not very likely to happen, but is possible.

The patient being ready for the operation, is placed upon a table, on a mattress covered with oilcloth, the breech being brought to the edge of the table. The staff, made with its groove inclined a little to the left, or to the right, or directly in the middle line, according to the taste of the surgeon, is then introduced. The one I am in the habit of using has its groove placed a little to the right. After entering the bladder it is hooked up under the pubes by the staff holder, and held vertically or a little inclined to the right, so as to make the opposite side of the perineum slightly prominent. I call attention to this, which is considered an important point by lithotomists. The left forefinger is now introduced into the rectum, to produce contraction of the sphincter, draw the bowel away from the knife, and make the perineum tense. The incisions are made as before described, and the finger is thrust into the bladder before the staff is withdrawn, when a gush of urine announces the section of the bladder and brings the stone to the bottom of the opening, where it is seized with the forceps and extracted by gentle lateral motion. The stone is small, and evidently formed of uric acid.

The prostate gland is very small at this time of life. We are told in the books not to divide this gland to any extent; my practice is to incise it slightly with the knife and then to tear with the finger to the required amount. The bladder should always be washed out after the operation, with the syringe, to remove any detritus that may remain. The father asks if the child will be able to hold his water after he gets well. It occasionally happens that there is incontinence of urine after this operation, but this is rarely the case.

As regards the danger of hemorrhage from the operation, we find that the transverse perinal artery is always cut, but it rarely bleeds sufficiently to require a ligature. This remark also applies to the superficial perineal. The artery of the bulb, a branch of the pudic, may give trouble, or the pudic artery itself may be wounded, though this is too remote, in the normal position, to be much in the way of the surgeon. The patient is not likely, at his age, to have enlargement of the prostatic plexus of veins; hemorrhage, then, need not be expected from that source.

We will remove the patient to his bed, the mattress being protected by an oilcloth, over which is a draw sheet, which will be frequently changed. The wound will be left as it is; the oozing will stop of its own accord; if it should not, ice may be applied; or the opening may be plugged with styptic cotton. In a fortnight the wound will have contracted so that the urine will resume its natural channel.

Among the dangers after the operation are peritonitis and secondary hemorrhage, neither of which are very likely to occur in this case. We have not come anywhere near the perito-

neum nor wounded any large vessels. His diet shall be light and his regimen antiphlogistic.

[The patient had a very slight attack of erysipelas on the fourth day, which was confined to the nates, and soon yielded to the application of solution of acetate of lead (℥j to Oj), and tincture of chloride of iron internally. The urine began to resume its natural channel on the third day, and on the eighth but very little was passing through the wound. He was shown to the class on the eleventh day, when the wound had nearly healed; the urine had been passing, for several days, entirely through the natural channel, and he could retain his water without any trouble. His subsequent recovery was rapid and uninterrupted.]

## Medical Societies.

### NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, September 16th, 1875.

Dr. S. S. Purple, President, in the Chair.

This being the first meeting after the summer recess, the President gave a hearty welcome to the members, and suggested the line of investigations which should be pursued by them, especially that regarding the cause of the recent epidemic of small-pox, the causes and treatment of the continued fevers, etc. The addition to the library of a number of volumes which were received, was announced by the Librarian, the President having contributed one thousand volumes of periodicals.

The paper of the evening was entitled:—

**"What is the Best Treatment in Contracted Pelvis?"**

and was read by Dr. Isaac E. Taylor.

Before reading his paper, Dr. Taylor presented a case of placental hæmatocele, the hemorrhage having occurred between the chorion and amnion. This was a rare case, and had been seen by the Doctor that morning. Delivery had been effected by means of the forceps, the patient having had a convulsion priorily. The right labium contained a thrombus, which enhanced the interest of the case.

Dr. Taylor then proceeded with the reading of his paper. He said that in considering the treatment of contracted pelvis he would make two divisions of the subject. First, those cases where contraction existed to the extent of from two and a half to four inches; and secondly, when the same condition was present, but from two and a half to one and a half inches. For the present he would consider only those cases belonging to the first class. He was of the opinion that there were no indications for the performance of craniotomy in the majority of cases, but that the operator had his choice between the forceps and version. Two specimens of contracted pelves were presented by the Doctor; one ordinarily called "the flat pelvis," and the other the "uniformly contracted pelvis;" he also exhibited a fœtal skull which was indented to the extent of nearly an inch in depth, caused by the promontory of the sacrum during its delivery by the forceps. Dr. Taylor now read the notes of two cases. In the first case the patient was aged 23, and an inmate of Bellevue Hospital, who was delivered in thirty minutes, by version. The pelvis was of the flat variety, and not rickety. In the second case the pelvis was a uniformly contracted one, the antero-posterior measurement of the brim being three and three-quarter inches. Though the cervix was but slightly dilated, Dr. Taylor, contrary to the prevalent opinion, introduced the forceps within it and delivered the head of the child with some difficulty. He often used forceps of the Ritgen pattern, but with very narrow blades, not measuring more than two inches in width. Delivery might be effected by version, if the requisite amount of force could not be applied with the forceps. The induction of premature delivery at the seventh or eighth month, in cases of contraction of the pelvis, was often indicated, for the good of both mother and child.

A resolution was adopted to postpone the discussion of Dr. Taylor's paper to the next meeting.

### MEDICAL SOCIETY OF THE COUNTY OF NEW YORK.

Stated Meeting, September 27th, 1875.

Dr. Thos. Addis Emmet, President, in the Chair.

**Post-Nasal Catarrh.**

Dr. Beverly Robinson read a paper on post-nasal catarrh. He said that the affection was follicular in character, and invaded the nasal and naso pharyngeal cavities, the symptoms being a sense of stuffiness in the nose and secretion of mucus discharging into the pharynx, which becomes inspissated, and, by its presence, gives rise to inflammation, then ulceration of the mucous membrane, at which period it assumes a fetid character. Unfortunately no method of treatment had yet resulted in a cure, owing to the fact that it was impossible to apply remedies which would reach every portion of the diseased surface. He had observed that constitutional treatment was most important. If anæmia was present, iron, quinine, and cod-liver oil were of decided benefit. When malaria was recognized as an element in the case, quinine should be prescribed in sufficient amount to combat it. He had experimented with the following agents, which are supposed to have a local effect on the naso-pharyngeal and pharyngeal mucous membranes, viz: balsam of copaiba, cubebs, guaiacum, ammoniacum and sulphur, of which he found that the three most important were cubebs, sulphur and copaiba, and of these he favored cubebs. The oleo resin of cubebs he had tried first, but found it did not possess the

advantages of cubebs. The following formula had proved satisfactory:—

℞. Cubebæ, ℥ij
Syr. aurantii, cort., ℥iij
Aquæ menthæ pip., ℥viij. M.

Sig. A half drachm every three or four hours.

The cubebs should be used for one or two months; it will improve that sense of stuffiness and continual hawking of mucus which proves so disagreeable to the patient.

It is judicious to discontinue the use of the cubebs for a few days, should a diarrhœa occur or a herpetic eruption appear during its use. He doubted the value of iodide of potassium in cases where the disease occurred in a syphilitic subject, and preferred mercurials. The so-called specifics (advertised) had been tried by Dr. Robinson in the local treatment of this disease, but had proved of no advantage whatever, and no agent had yet been brought forward that would give satisfactory results; one of the most important reasons being, that the diseased mucous membrane is not reached entirely when the application is made. Injections were contra-indicated, on account of the danger of producing otitis, as pointed out by Dr. St. John Roosa. The use of atomized liquids was advantageous; first, as being free from the danger attributed to injections, and second, that it reached the whole diseased surface. Local applications only serve to soften and accelerate the removal of mucus. He had practiced the inhalation of vapors, *e.g.*, iodine, with some advantage, and had tried the insufflation of powders, by means of an instrument which he exhibited, that greatly facilitated their application.

Dr. Bulkley said that in his own case any derangement of digestion was usually accompanied by an attack of post-nasal catarrh.

Dr. Burrall said that salt water, in his experience, had proved beneficial in the treatment of this disease. He had tried belladonna, but had not yet arrived at any definite conclusion as to its merits. Having a peculiar effect upon the throat, he had been induced to try it for that reason. He thought that Dr. Robinson's paper was to be considered a valuable contribution on this subject.

## AMERICAN ASSOCIATION FOR THE CURE OF INEBRIATES

This Association met at Hartford, Conn., Sept. 28th and 29th, at the Charter Oak Building. A large number of superintendents of inebriate asylums, and others connected with similar institutions and insane asylums were present. After the usual opening speeches and appointment of committees, the reading of papers began. Dr. T. D. Crothers, of Albany, read the first paper, on the "Etiology of Inebriety." Dr. B. N. Comings, of New Britain, followed, with a paper on the "Loss of Will Power." The president, Dr. Parrish, of Baltimore, followed, on the "Complications of Inebriety," and Dr. E. C. Mann, of Ward Island, read the last essay, on "Methamania and Dipsomania." Each paper was discussed freely, after which the society adjourned. At four o'clock an excursion to the Retreat for the Insane, the City Hospital, Walnut Hill, and other points of interest, was given to the society, by the Hartford committee of arrangements. The asylum for the insane is a model of quiet beauty and tasty arrangement of grounds, as well as of richly furnished rooms. The hospital is also a very superior institution, and seems to have unusual facilities for comfort. Walnut hill, the location of the new Inebriate Home for the State of Connecticut, furnishes fine views of Hartford and the surrounding country. The Deaf and Dumb Asylum is a place of great interest, and three hours were spent very pleasantly in looking over these places. In the evening Dr. Parrish delivered the president's address, in Academy Hall, to a large audience. Dr. T. L. Mason, of Brooklyn, Dr. Willard Parker, and Dr. B. N. Comings, of New Britain, followed in short addresses, and the occasion was one of great enthusiasm. The next morning the association assembled, at an early hour, and Dr. Willard Parker, of New York, read a paper on "Investigations into Alcohol and its Effects on the Race." This was followed by a paper from Dr. E. M. Schauffler, of Kansas City, on the "Insanity of Chronic Inebriates." Then Dr. George Burr, of Binghamton, N. Y., read a paper on the "Distinction between Disease and the Morbid Anatomy, applied to Inebriety." Dr. D. L. Dodge, of Rouse's Point, from the Committee on Discipline, read a long paper, of great interest and value, on "The Work of Asylums and their Success." Other papers were read in connection with reports of institutions. Long letters were read from Drs. Peddie and Mitchell, of Edinburgh, and Holthouse, of London, and others.

Dr. Russell, of the Committee on New Members, reported the following names, which were adopted:—Alfred E. Burr, E. H. Owen, Rodney Dennis; Drs. J. C. Jackson, George C. Jarvis, G. W. Avery, Henry F. Stearns, all of Hartford; Dr. G. L. Pratt, Waterbury; Dr. Edward C. Mann, Ward's Island, N. Y.; Dr. Albert Day, Boston; Professor J. H. Armsby, M.D., and the Rev. Dr. Rufus W. Clark, Albany; Dr. E. M. Schauffler, Kansas City; Dr. John G. Orton, Binghamton, N. Y.; W. W. Warren, Boston.

The following corresponding members were elected:—Dr. Arthur Mitchell, Edinburg; Dr. Alexander Peddie, Edinburg (the commissioner of lunacy for Scotland); Dr. Castor Holthouse, Dr. Charles McCarthy, Melbourne, Australia.

The following officers were elected:—

*President*—Dr. T. L. Mason, Brooklyn.

*Vice-Presidents*—Dr. D. G. Dodge, Rouse's Point; Dr. B. N. Comings, New Britain, Conn.; Dr. Albert Day, Boston.

*Secretary*—Dr. T. D. Crothers, Albany.

*Treasurer*—Dr. Robert Harris, Philadelphia.

After which the society adjourned, to meet at Philadelphia, Pa., on the last Tuesday in September, 1876.

# Editorial Department.

## Periscope.

### On Contracted Pupil in Heart Disease.

We learn, from the British *Medical Journal*, that Professor Giovanni has studied with care three cases of advanced organic heart disease accompanied with bilateral myosis, from which he draws some interesting conclusions. All three were accompanied by severe dyspnœa, continuous or recurrent. One was a case of mitral narrowing and insufficiency; the second, a case of aortic narrowing, with valvular insufficiency; the third, aortic narrowing, with mitral insufficiency. In all three there was constant bilateral myosis; in two this symptom was more marked when the dyspnœa was more urgent. Since Pourfourd, Du Petit, Bernard, and Biffi demonstrated the influence of the sympathetic on the pupil, the action of aortic aneurisms and of other tumors on the pupil has been studied. Eulenberg, Gultmann, and others, have shown that all affections which produce compression of the sympathetic in the neck are followed by pupillary stenosis. The author has not found this symptom mentioned in isolated cardiac affections. In order to determine the clinical value of myosis of cardiac origin, its origin and mechanism must be studied. It is a paralytic myosis. It may arise from three sorts of lesion: 1, lesions of the cervical cord; 2, lesions of the superior cervical ganglia; 3, of the terminal filaments of the sympathetic, which go to the radial fibres of the iris. We must here dwell on the lesion of the superior cervical ganglion. The author has examined with the microscope the sympathetic and many sections of the cervical spinal cord of the patients in question. He has found great hyperæmia of the ganglia of the sympathetic, with more or less intense infiltration of the lymphoid elements. At the same time, the tissue of the ganglia was softer and more infiltrated with fluid than in the normal state. The upper part of the cord presented no similar condition; nor was there any reason to admit an isolated lesion of the terminal sympathetic nerves of the iris. These different lesions are the consequence of the stasis of the blood produced by the state of the heart. They exist, probably, in all patients of this class, but are not always manifest. The disorders which have their source in the sympathetic are comparable to those which proceed from the encephalon or from the spinal marrow. In certain patients with cardiac disease, cerebral excitement is found; in others, somnolence. Myosis has a very distinct significance; it does not only indicate stasis of the blood, but a profound lesion of the ganglionic cells, thenceforth paralyzed. The ganglionic lesion affects equally the heart and the lung, to the innervation of which the ganglionic cells contribute. The cardiac activity and pulmonary circulation are, therefore, more seriously affected than in other cases, when myosis exists. The author draws from these facts the following conclusion, from the point of view of prognosis. Myosis in affections of the heart is a symptom of very grave prognostic value. It announces the presence of a lesion of the ganglia of the sympathetic, which tells upon the heart itself and the lungs.

### The Prognosis in Syphilis.

Mr. J. Hutchinson gives the following warning, in a lecture in the *Lancet*:—

Let me here insist upon the extreme importance to the reputation of the practitioner, of the rule never to give an opinion as to the nature of a chancre until the incubation period is over. Patients will come to you with sores contracted a few days or a week or two before, and will expect you to be able to tell them whether or not they are likely to have syphilis. Now, there is never anything in the conditions which are either present or absent that will justify the most practiced observer in giving any opinion at such a stage. It is very rare indeed that an infecting sore acquires any induration within three weeks of the date of contagion, and more commonly it is a month or five weeks. Until such induration takes place, nobody can tell whether it is coming or not.

Very various indeed are the conditions which may have been present during the preceding period. Your patient may have had a soft sore, which may have been severely inflamed, or even phagedænic; he may have had a bubo, and that bubo may have suppurated; or he may have had no sore at all, and no bubo. Let your rule be, I repeat, to give to your patient no opinion whatever as to his chance of escape until he can assure you that it is one month since his last exposure to risk. It is a matter of constant experience, to be told by patients that the medical man first consulted assured them that the sore was only a soft one, and would not infect; and, under such circumstances, it is always very difficult to restore the patient's confidence in his adviser's knowledge. If the contagion of syphilis were always effected with the same care as to purity of the virus as is exercised in the case of selection of lymph for vaccination, it would not have been necessary to teach this doctrine of caution now. No one thinks of speaking as to the prospect of the success of vaccination during the first few days, nor would he be able to do so even so soon as that were it not that the vaccine vesicle is enabled to develop itself uncomplicated by other morbid processes. It is not so, however,

with syphilis, and hence the variety of the results which we witness during the first two or three weeks after contagion. If the virus be introduced in a pure, or almost pure state, then it is probable that in many cases the patient experiences nothing excepting, perhaps for a few days, a little red pimple, which disappears, and leaves him, as he thinks, quite well for another three weeks or a month. At the end of that time the part begins to itch a little, and again becomes red, and gradually, within a week or so, a well characterized induration is developed. If, however, the contagion have been effected by a mixture of contagious pus and specific virus, then you have a very different course of things. Within the first few days the contaminated part may inflame sharply, and an ulcer may result, which will probably send the patient, in great alarm, to his surgeon. This sore is, of course, soft; it secretes freely, and its secretion may contaminate other parts, and you may have what are termed multiple soft chancres. You may inoculate it, if wished, on the patient's skin, and produce other similar sores, and thus prove that you have to do with a non-specific secretion. But all this does not prove that the specific poison is not there, and whatever may be the course of these soft sores, whether easy to heal or obstinate, there remains the risk that specific induration may ultimately be developed.

### The Uses of Terebene.

Dr. Bond writes to the *British Medical Journal*:—

I observe that two of your correspondents have drawn attention to the use of terebene as a deodorant in cancer and other cases. It may not, perhaps, be out of place for me, as having been the first to introduce this body into medical use, to supplement the evidence given in its favor by a few facts which may be of some interest in connection with the subject. Although terebene does not mix readily with water, it is easily miscible with olive oil, with which it may be diluted to any extent, the combination thus produced forming a very convenient way of applying it for external purposes. For internal use it may be given in gum emulsion, to which a few drops of acetic acid may be added.

Your correspondents have drawn attention to the value of terebene for deodorizing or disinfecting purposes, and any one who is interested in these applications of it can readily satisfy himself that their recommendation of it is well founded: my object in this communication is, however, to invite attention to its use for internal purposes, and especially as a substitute for salicylic acid. The number of the journal in which the letters occur contains a very full summary of the experiments of Wunderlich, Wagner, and others, on the therapeutic applications of salicylic acid, and it is curious how equally most of their statements would apply to terebene. Thus Wagner speaks of the effect of the former body in promoting the healing of atonic ulcers and wounds: terebene has been found to produce the same effect. He also praises the acid as a mouth-wash and gargle in offensive mouth-affections: a drop or two of terebene in a few ounces of water makes one of the most effective mouth-washes which can be desired. The effects of the two, when given internally, are apparently identical. Terebene, when given in doses of 5–10 minims, arrests more or less completely the putrefaction of the contents of the intestinal canal, the fæces becoming almost entirely odorless. Its power in this direction is especially marked, in offensive diarrhœa of some forms of peritonitis. In addition, it exercises somewhat of an astringent influence on the alimentary canal, which is in harmony with Dr. Paine's evidence as to its styptic powers. When given by the mouth, it passes off partly by the bowel, in an unchanged form; partly in an oxydized form, and with a characteristic odor, in the urine; and partly also, I think, by the pulmonary membrane; at least, it seems slightly to promote bronchial secretion.

The above facts indicate that terebene, like salicylic acid, is specially applicable in cases of excessive intestinal secretion, accompanied with a tendency to rapid and offensive decomposition, such as that of dysentery and enteric fever, which the antiseptic properties of both of these bodies seem well adapted to check; though it is noteworthy that terebene, like salicylic acid, does not interfere with the fermentative process of digestion, which proceeds unchecked during its use.

I have not yet had an opportunity of getting terebene tried in diphtheria, but I feel satisfied that, from its analogies in other respects, it would be found to be equally effective with salicylic acid.

## Reviews and Book Notices.

### NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. Benjamin Lee, has sent us a reprint of his report on Hygiene, to the Pennsylvania State Medical Society. It is an excellent and earnest paper, as the following extract on the responsibility of the physician in typhoid cases testifies:—

"Coupling the revelations of these interesting cases with the gross carelessness already referred to as existing in the country in regard to the relative position of cess-pools and wells, is it strange that typhoid should be emphatically a disease of the country and of small towns, and should often assume there its deadliest type? Such being the facts with regard to one ascertained mode of propagation of this most serious affec-

tion, what is the duty of the physician when called to a case of it? Is it simply to devote his energies to the treatment of the patient? I assert, unhesitatingly, that, however assiduous and faithful his attentions, however great his skill, and however successful the result, should he confine his efforts to this alone, he is morally guilty of manslaughter, should the disease become fatally epidemic."

——The Board of Health of Georgia has published a pamphlet containing its constitution and rules, together with a copy of the laws creating it. Published at Atlanta.

## BOOK NOTICES.

**Cholera Epidemic of 1873, in the United States.**

Washington, 1875. Cloth, pp. 1025.

In this thorough study of the cholera cases of 1873, we have a contribution to the history of the disease which reflects the greatest credit on its compiler, Dr. John M. Woodworth, supervising surgeon of the U. S. Marine Hospital service, his assistants, and through them, on the American Medical Profession at large. The "Bibliography of Cholera," contributed by Dr. John S. Billings, is a work in itself of 320, octavo, double column pages, and a marvel of accuracy. The body of the book is divided into 23 chapters, giving a clinical history of the epidemic, its etiology, an essay on the prevention of the disease, on the origin of this particular epidemic, and then separate narratives of its local outbreaks.

This part of the work is preceded by an essay by Dr. Woodworth, on the introduction of epidemic cholera through the agency of the mercantile marine, and suggestions of measures for its prevention. He regards the disease as the effect of a poison "developed spontaneously only in certain parts of India," which, at long intervals, for some unknown reason, becomes perennially epidemic elsewhere. He also believes that this poison is destroyed either by the process of growth or by contact with acids.

On the important question of quarantine, he condemns the old method of detention, quoting, with approval, Dr. Vanderpoel:—

"A vessel arriving, however, with several cases on board, would be compelled to undergo the full ordeal of precautionary measures. The passengers would be removed from the vessel, subjected to a quarantine of observation, and any sick appearing be removed to the hospital, located on another island, a mile distant from the island where the quarantine of observation was enforced. In the meantime all clothing would be thoroughly washed, aired, and disinfected, and, when eight days had elapsed without the appearance of a new case, they would be allowed to leave. In the meantime the vessel, after being subjected to thorough cleansing and disinfection, would be allowed *pratique*."

In addition to the foregoing views and *dicta* of one of the foremost practical sanitarists of this country, it is urged that in thorough exposure to *acids* in some form, lies the only assured safety against the cholera poison. All suspected goods should be treated with acidulated water or acid gases before being landed; and twenty-four hours should suffice, with proper appointments, to render innocuous the cargo of the largest vessel.

With the admitted uncertainty of therapeutic measures in this disease, its outbreak at sea—which it now remains to consider—should be the signal for the most scrutinizing search for its origin, with the view of thence "stamping it out."

How this is to be done he sets forth as follows, in the closing paragraphs of his paper.

It may be alleged that in the foregoing pages too great stress has been laid upon the *acid prophylaxis of cholera*, to the exclusion of all others. But the cumulative evidence of the experience of the last sixty years warrants the ground here taken. Beginning with the year 1814, the cholera literature down to the present time abounds in proofs, clinical, physiological, and meteorological, of the efficacy of sulphuric acid, and there can be little doubt, despite the *dicta* of the last International Sanitary Conference, that *we possess in the mineral acids a certain means of prophylaxis against cholera.*

The lessons of the epidemic of 1873 point strongly to the value of sulphuric acid, even as a therapeutic agent, against the disease. According to Dr. McClellan, the mortality among cholera patients treated with acids was only 8 per cent., while the lowest mortality rate where other remedies were used was 23 per cent., and the highest 59 per cent.

"It is safe to say that malignant cholera can be excluded from our shores with reasonable certainty, through an intelligent sanitary supervision of the mercantile marine; in which supervision, while the General Government on the one hand, in exercising its delegated powers for the protection and promotion of the general welfare, shall simply acquire and furnish the necessary information, on the other, the ports themselves, thus forewarned and advised, shall be left to enforce the necessary precautionary and preventive measures, in accordance with their own local conditions and requirements. For nothing is more clearly proved by the history of cholera than that epidemics of this dreaded disease can be controlled by vigorous hygienic measures. The true remedy against cholera is preventive medicine.

THE

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D. G. BRINTON, M.D., EDITOR.

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## THE RHYTHM OF VITAL ACTION.

As early as the time of Empedocles (440 B. C.) the resolution of all phenomena into products of two opposing forces, one attractive, the other repulsive, was a familiar doctrine to the philosophical mind. How singularly profound this generalization was, is vividly shown by comparing it with some of the most recent studies in physics, where the universe is regarded exclusively as the resultant of efforts toward equilibrium, by centripetal and centrifugal forces.

Now it is one of the fundamental laws of energy—that is, of force in action—that it is *intermittent*, not constant; and its intermissions are rhythmical, or harmonic. There is constant action and reaction, unceasingly varied in intensity.

A pursuit of this law into the forms of organic life has led to the defining of what has been termed "the law of rhythmic nutrition," by which the forces producing animal and vegetable forms act in alternating directions. There is little doubt but this is one of the chief reasons compelling the bilateral symmetry of the body. In such acts as walking, for instance, we use the muscles of either side of the body alternately; and it is well known that walking is an exercise which can be continued for many hours. Standing in one position is proverbially very tiring, because the muscles which support the trunk have no alternating periods of relaxation. Many a man who can accomplish a hard day's shooting suffers agonies of fatigue if called upon to stand for half an hour in one position.

Antero-posterior symmetry, and the homologies of animal and vegetable bodies, find their explanation in this same law. The subject of dextral pre-eminence, which has been closely studied lately, is partly explained by the inherent unlikelihood of the forces of nutrition acting precisely equally.

A number of curious analogies, illustrating the parallelism of pathological phenomena with metrical (harmonic) laws, have been collected by Dr. SAMUEL W. FRANCES, in a late essay, entitled, "Scanning in Therapeutics, or the Metrical Treatment of Disease." He notes the similarity of pulse tracings to metrical marks, and believes that not only may diseases be classified by the rules of prosody, but that remedies may be administered by the same system. He inquires: "If there are such affections as choriambic convulsions, dactyllic spasms, or anapæstic fevers, should there not be iambic doses and trochaic remedies?" (*Curious Facts in Man and Nature, p.* 12). Without discussing the limits to which applied science would permit such theories to be carried, they are certainly worthy of consideration.

Another evidence of the general duplication of force in organic nature, is the twofold character of sex. There are some instances of monosexualism in the lower forms, but very few. The wonder is, why two sexes ever came into existence at all. As is observed by CHARLES DARWIN in one of his essays: "It is an aston-

ishing fact that self-fertilization should not have been a habitual occurrence. Nature tells us, in the most emphatic manner, that she abhors perpetual self-fertilization." The only *ultima ratio* for the fact of sex which can be suggested, is this law of rhythmic or alternate energy. Consequently, we should expect that as the complexity of organization advanced the distinctions of the sexes would become more pronounced, and their harmonious adjustments more perfect. Sexual selection is a chief factor in organic development, and it is the more efficient toward improvement of the species as it is exercised in accordance with perfect (which we have seen to be rhythmic) nutrition.

As to how far impairment of the harmony of the nutritive forces may become a recognized agent of disease, it is hard to form an opinion. The well-known occurrence of "symmetrical diseases" is a fact of significance here. Many such affect the corresponding parts of the body and no intervening tract. This has been explained on the theory of the "symmetry of nutrition;" but the origin of this symmetry in the fundamental law of the rhythmic variations of energy has not hitherto been much discussed.

Such speculations are not a waste of time, as may be thought, for any road that promises to lead to a height whence we can survey the whole territory of organic growth, should be conscientiously explored. Not in any other way can we expect to reach systems of treatment thoroughly scientific in expression.

## Notes and Comments.

### Therapeutical Notes.

#### TREATMENT OF HYSTERIA BY CHLORIDE OF GOLD AND SODIUM.

Dr. Martini, in the *Pabellon Medico*, vaunts the efficacy of this drug in the hysteria symptomatic of functional changes in the uterus and its appendages. He says that it is indicated in congestions and obstructions of the neck or of the body of the uterus, in doses of from one-fifth to nine-tenths of a grain. In five cases of congenital atrophy of the neck of the uterus, causing sterility, the use of chloride of gold and sodium produced excellent effects; the neck of the uterus acquired size as well as consistence; and in three cases the treatment was followed by pregnancy.

#### GONORRHŒA.

Dr. Zeller, of Heilbroun, says that, after trying everything he has ever heard of in this disease, he has settled on two prescriptions, the first for mere acute, the second for chronic cases. They are—

| | | | | |
|---|---|---|---|---|
| 1. | ℞. | Tinct. catechu, | 50 | parts. |
| | | Glycerinæ, | 30 | " |
| | | Tinct. iod., | 2 | " |
| | | Aq rosar., | 200 | " M. |
| 2. | ℞. | Tinct. catechu, | 30 | parts. |
| | | Glycerinæ, | 30 | " |
| | | Tinct. iod., | 1 | " |
| | | Aq. rosar., | 200 | " M. |

Both to be thrown up the urethra, every hour or two. From one to two days effects a cure.

#### POISONING BY RHUS RADICANS.

The following is given in the *Medical Times:*

| | | |
|---|---|---|
| ℞. | Acid. carbolic., | f.ʒss |
| | Sodii sulphis, | ʒiij |
| | Aquæ font., | f.ℨvj. M. |

Sig. Apply constantly to the parts affected, on bandages of muslin.

#### GELSEMINUM IN NEURALGIA.

Dr. Jurasz, of Heidelberg, reports five cases in which he gave tincture of gelseminum sempervirens, in five-drop doses three times a day, for severe neuralgia. They all recovered in a few days. Recovery was quickened by the use of the constant electric current and warm baths. Dr. Jurasz has also given gelseminum without result in a case of hemicrania of long duration, and in two cases of muscular rheumatism. He has not been able to observe any special effect to be produced on the organism by the gelseminum.

#### PROPHYLACTIC IN SORE NIPPLES.

Dr. J. Fehr, in the *Medical Record*, says:—

"After trying a good many formulæ of others, and combinations of myself, I came at last to the use of tannate of lead, the "cataplasma ad decubitum" of the *Pharmacopœia Germanica*, with the addition of a little glycerine, to modify, in some degree, the excessive drying properties of that preparation. This "plumbum tannicum pultiforme" I had ap-

plied, for about one month before parturition, two or three times a day, directly to the nipples. This, I found, "tanned" the nipples in so thorough a manner that they were perfectly able to withstand all suckling and all pulling on the part of the infant, successfully.

CHLORAL IN TETANUS.

During a discussion on the employment of chloral, Prof. Verneuil observed that to be of use in tetanus it must be given in large doses, and continued during a long period—the dose being sufficient to plunge the patient into a persistent condition of somnolence. He has rarely given less than ten grammes, and has given sixteen grammes per diem; he has had the good fortune to meet with six recoveries.

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**Salicylic Acid.**

Later applications of this new remedy have been suggested. It has been used with alleged success as a prophylactic in small-pox, and recommended externally and internally in hydrophobia. The *Spiræa ulmaria*, which has long been a popular remedy in Russia for the latter disease, contains salicyl in considerable quantities. The freshly powdered root is administered, even after the symptoms of the disease are marked, with asserted success.

Our readers must not presume too hastily on the value of this product. An eminent German investigator, Professor Salkewsky, maintains that both it and benzoic acids are alike unsuited for internal use as antiseptics or antizymotics, because when taken into the blood they are converted into the soda salts. It is evident that here the use of neutral substances is far preferable, such as pass unchanged through the system; in fact, this is the principal condition of their effectiveness. As a type of these we may mention phenol (carbolic acid) and substitution products of phenol, all of which exert, to a greater or less degree, a strong antiseptic action, such as thymol.

At the British Pharmaceutical Association, a member, Mr. Siebold, thought it likely that salicylic acid might interfere with the process of digestion. If, as had been stated, it prevents the action of diastase, it might also prevent the action of pancreatine.

Another member, Mr. Gerrard, had not been successful in his experiments with salicylic acid. He had not found it of much use in keeping infusions. It should also be remembered that it might exercise a chemical action, with iron, for example. If perchloride of iron were ordered with infusion of quassia, containing salicylic acid, a purple tint would be produced. He had also tried salicylic acid for the preservation of leeches, but found the mortality just as great as before.

Of its use as an application in burns, a writer says: The effect is more beneficial than that obtained from any of the former remedies. The method of using it is to form an emulsion with olive oil, one part of the salicylic acid to sixteen parts of oil. This mixture is painted over the ulcerated surface once or twice a day. It gives rise to a slight smarting sensation when first applied, but that soon passes off.

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**Blood Corpuscles.**

Dr. Bassy, of the University of Bologna, has published an elaborate memoir, in which he endeavors to show that the red corpuscles of the blood, or at any rate a large number of them, are transformed into white, exactly contrary to the generally received opinion. Those which do not suffer this change, he thinks, are, for the most part, converted into a granular detritus; others form spherical masses colorable by carmine, and are the cells of Gluge; while a number of others not colorable by carmine are ordinarily known as giant cells. In support of his opinion, he passes in review the whole field of pathology.

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**The Increase of Viability.**

Though medical science is often accused of small progress, there can be no kind of doubt but that within the last fifty years, at least, the average duration of human life has been considerably on the increase; for, according to a statistical report recently published, the mean average in France, which in 1817 was 31 years and 3 months, has attained the respectable standard of 39 years and 8 months for each individual inhabitant. Indeed, for the last five or six centuries the average duration of human life has been slowly but steadily increasing; and this may be attributed to a combination of circumstances: 1. The intelligent extension and application of the principles of the healing art, including vaccination; 2. The general extension of wealth and comfort; 3. A better understanding of hygiene; 4. The dissemination of schools.

### Chloroform as a Preservative.

At a recent session of the British Pharmaceutical Society, Mr. J. B. Barnes stated that vegetable infusions may be preserved indefinitely by the addition of a minute quantity of chloroform. A mucilage of gum acacia and a malt infusion have been satisfactorily experimented upon, and the action of the chloroform appears to be to destroy the ferments. Mr. Barnes considers that the discovery may be applied to preserving solutions of citrate of ammonia, lemon juice, and other very alterable organic substances.

### On Jaborandi.

At the British Pharmaceutical Association, Mr. Gerrard stated that jaborandi contains an alkaloid, viz., pilocarpine, possessing well-marked physiological properties, also, probably, a second alkaloid, tannic acid, an unknown volatile acid, a solid volatile oil or stearopten, and chloride of potassium.

Crystalline specimens of the alkaloid were exhibited, which Mr. Gerrard had prepared; also a fine specimen of the jaborandi plant, lent by Messrs. Hearon, Squire & Francis.

Mr. William Murrell, L.R.C.P., also contributed a report of some interesting physiological experiments he had made at University College, with the alkaloid extracted from jaborandi by Mr. Gerrard. $\frac{1}{10}$th of a grain produced profuse salivation on a small dog and on a rabbit; but this was in each case readily checked by the administration of the $\frac{1}{200}$th of a grain of sulphate of atropine, both substances being injected subcutaneously. Experiments were also made on frogs, and the alkaloid in large doses was found to produce tetanic, and in smaller doses neurotic, symptoms, both proving fatal in a few hours.

In reply to Mr. Mackay, Mr. Gerrard said that his experiments had been confined to the leaves and the bark; he had not tried the wood. Mr. Greenish asked what was the best form for a pharmaceutical preparation of jaborandi, to which Mr. Gerrard answered that a liquid extract, similar to the extract of ergot of the B. P., would be, in his opinion, the most satisfactory formula.

### Tayuya—A New Antisyphilitic.

It is stated, in the *Bulletin Gén. de Thérapeutique*, that while traveling in Brazil a gentleman named Ubicini found that some negroes used this remedy as an antisyphilitic. He procured some and gave to M. Stanislas Martin, who isolated from it a green resin, some yellow unctuous matter, and a very bitter, highly aromatic brown extractive; he also found tannin, starch, mucilage, volatile matter, magnesia, alumina, lime, iron, potash, and woody matter. The mineral substances are exceedingly abundant in this plant, and are precipitated at once, from a strong decoction.

### Operation for Gall-Stones.

Dr. Droussant, of Paris, in the *Gazette des Hopitaux*, describes an operation for gall-stones on a woman 42 years of age. There was a tumor a little to the right and below the navel. It was opened with Vienna paste, and 41 gall-stones extracted. The wound healed kindly, and the patient was relieved of her sufferings.

## Correspondence.

### The Use of Sulphate of Cinchonidia.

Ed. Med and Surg. Reporter:—

In the early part of the past summer, Mr. Hall, representing the manufacturing house of Powers & Weightman, called at my office and presented me with an ounce of the sulphate of cinchonidia. The reputation of the house, together with the paper of Dr. Sinkler, which was published in your journal, was a sufficient guaranty for me to use the article with confidence of success. My experience is so small, however, that I merely give it for what yourself and others may think it worth, and my object in writing these lines is more for the pecuniary benefit of the profession and their patrons than otherwise.

Since receiving the first ounce I have used it as an antiperiodic in intermittents and remittents, and, in fact, in every case where I considered quinine indicated, to the exclusion of everything else, with entire satisfaction, during the summer and autumn. I have only prescribed quinine in one case, a very severe case of remittent, which I thought was rather protracted, and there the cinchonidia had produced the desired effect before the quinine had been given. I have used ten ounces since commencing, and in many cases of a very grave character, in about the same doses that I would have used of quinine, and the only perceptible difference, to me, at least, is, it does not control the disease quite so promptly as quinine, generally requiring from one-third to one-half more time to produce a given effect; in reference to that, I have not tried what effect an increase in the dose might have; perhaps some one else has, and will tell us how it is; but the effect when produced, as for instance, the interrupting of an intermittent or remittent is more permanent and lasting than when quinine is used. I have evidently had fewer relapses than

when using quinine. Another advantage has been very perceptible to me: it is better tolerated by the stomach, not being nearly so liable to produce nausea and vomiting, especially when given during the height of the febrile exacerbation.

And another, in my experience, small as it may be: I have not heard any complaint whatever of ringing or buzzing in the ears (of steamboats or locomotives in the head), or of temporary deafness.

In the use of sulphate of cinchonidia, the saving of the pence is an item of importance: without reference to the advantage gained in that direction, I shall continue to use it if it shall give the same satisfactory results in the future as it has given in the past. J. E. Lyons, M.D.

*Huntington, Ind., Oct. 11th*, 1875.

### Salicylic Acid Solution.

Ed. Med. and Surg. Reporter:—

I would, through your valuable Journal, call the attention of the medical profession to the solution of the new antiseptic, "salicylic acid." I have, within the last ten days, been making numerous experiments, and found the strongest and best solution of salicylic acid is obtained by the addition of borax and glycerine; it is much better for medical use than that of sulphate of soda.

Myself and other physicians find it of great value in treating sore throats, diphtheria, and in dressing wounds. The advantage of it is, that it has three times as much carbon in it as carbolic acid, *i.e.*, salicylic acid $C_{14}\ H_4\ O_5$; it has a fragrant, pleasant, pungent taste.

Several friends who have been North have returned with symptoms of diphtheria, in the last month, and a friend, Mr. Coughly, returned with his dead child, from diphtheria, and another very ill with it, ten days ago; the child he returned with is now out of danger and all the others are getting well. There has not been a fatal case here, I am happy to say, for some time.

I wish you would make a note of the solution of salicylic acid, as physicians would find much benefit in the use of it in treating such cases. W. H. Duhamel, M. D.

*Washington, D. C.*

## News and Miscellany.

### Discredit to American Diplomas.

American medical diplomas are still offered for sale in England. They profess to be issued by the "American University, of Philadelphia," and by the "Livingstone University, Haddonfield, New Jersey." Of course this sale casts discredit upon all diplomas issued by American Institutions. as, if our laws are powerless to prevent such bogus institutions conducting this nefarious traffic, the diplomas of the country generally must suffer. We have heretofore urged on the colleges here to take action in the matter, but their supineness continues. The London *Medical Press and Circular* closes a note on the subject with the remark—

"It is a matter of some surprise to us, that no attempt appears to be made by the heads of the American colleges to put down this disgraceful imposture."

### Personal.

—The remains of Dr. Carlo Botta were transferred to Florence in September. He is memorable as a medical man and the historian of the United States. Born at San Giorgio del Canavese, in Piedmont, on November 6th, 1766, he graduated in Medicine in the University of Turin. After two years' imprisonment for advanced political opinions, he went to Grenoble, where he was appointed surgeon to one of the regiments of the Army of the Alps. He eventually settled in Paris, where he wrote his two great works on the History of America and of Italy. His fortunes fell so low at one time that he was constrained to sell as waste paper 600 copies of his American History, to buy medical comforts for his wife. He died in Paris, on the 10th of August, 1837, in comparative comfort.

—Professor Buillaud, of Paris, now nearly eighty years of age, has applied for a pension. He has taught in the Faculty for forty years, and has published about a dozen works of importance, while, if his various academical and other discourses were collected, they would fill at least twenty volumes. His powers, vigor, vivacity and eloquence have shown wonderful endurance, for even now he is one of the most attractive and effective speakers at the academies, and those who have heard him in quite recent debates have found him as brilliant as ever.

—At Concord, N. H., Oct. 18th., Dr. William Prescott died at his residence, after a lingering illness, at the age of 87 years. He was a graduate of Dartmouth College, had practiced medicine in Gilmanton, Lynn, Mass., and in Concord. He was a prominent naturalist and scientist, and a member of various societies throughout the country. During his life he made valuable collections.

—The referees in the case of Joseph H. Lawrence, *vs.*, Dr. Thaddeus Hildreth, both of Gardiner, Mass., in which suit had been brought for maltreatment and damages to the amount of $10,000, have decided in favor of defendant, exonerating him from all blame and from all imputation of unskillfulness or negligence.

—Prof. Depaul, of the Paris Faculty, has been called to Rio Janeiro, to attend the daughter of the Emperor of Brazil in her confinement. The fee is to be 200,000 francs, and 50,000 francs for his expenses.

—Dr. B. F. Sherman and Samuel Parker visited a drug store kept by Dr. Shanks, at Bevier, Mo., Oct. 22d. Soon after leaving the store they fell in convulsions, and in twenty minutes both were dead. It is supposed they were poisoned by prussic acid.

—Dr. Frederick W. Headland, author of "Headland's Action of Medicine," published that profound work when he was but twenty-two years of age. He died in September, in his forty-sixth year.

—At a meeting of the New Haven County Medical Society, Dr. Gideon L. Platt, of Waterbury, was chosen president.

—Sir Charles Locock left a personal estate of over half a million dollars.

### Items.

—While a doctor in Troy, last week, was paying to Mr. Forepaugh the money for a defunct giraffe and rhinoceros, which had been purchased for the State Museum, somebody dug up the giraffe, loaded the carcass into a wagon, and drove out of Schenectady with his booty. The man whom the doctor left in charge of the carcass helped the stranger to dig it up and load it upon his wagon, supposing, as he says, that it was all right, and done in pursuance of orders.

—On a late occasion, at a fashionable dinner party in London, as many as eight or ten guests and seven members of the household took scarlet fever. Obviously the infection must have been caught at the dinner party, but how? was the puzzling matter of inquiry, for no one in the family of the host was known to have been affected with the disorder.

—The Commissioners of the District of Columbia have been compelled to take measures to prevent the stealing of paupers' bodies from the Almshouse cemetery in Washington. It is believed that "not one body in ten was left unmolested," and that the thefts of cadavers for dissecting purposes in Washington and elsewhere averaged from ten to twelve per week.

—A suggestion has been made that some benevolent person should start a "fruit mission," to supply the charitable institutions, the sick and poor, with good sweet fruit, free. It would distribute any kind of fruit. Great good can be done and many a sick heart can be cheered, by aiding this work.

—Miss Ida Demorest, whom the Grand Duke Alexis considered the handsomest woman in the United States, has married a Nebraska doctor.

—Cumberland, Md., has a centenarian, in the person of Miss Nancy Valentine, who attained her hundredth year in August last.

—A Chicago exchange says that the value of the peppermint crop of a single county in Illinois will reach $500,000 this year.

## QUERIES AND REPLIES.

MR. EDITOR:—I was called in, a few days ago, to prescribe for a stout, hearty man, aged about 45 years, who was taken suddenly ill with nausea, and vomiting of dark, grumous, coagulated blood, with a small quantity of arterial blood; there was no ingesta with the blood, as he had eaten nothing for several hours previous. The amount of blood vomited was at least a quart, almost entirely coagulated; the only difficulty complained of was a sense of heaviness or weight at the epigastrium, some three or four days previous to the vomiting; he was almost entirely relieved of that feeling after it occurred. His digestion has always been good; has no history of syphilis, cancer, tuberculosis, scrofula, or aneurism. Health has always been good; neither has he any symptoms of gastric ulcer. Was around, feeling tolerably well, the next day, and following his occupation. Will some reader of the REPORTER that has witnessed such cases please inform me as to what could have been the cause of the hematemesis? Could it have proceeded from portal congestion? and will it be apt to recur? or is it likely to prove fatal? W. H. V.

*Wisconsin.*

### Crusta Lactea.

Will some reader please suggest a remedy for crusta lactea? In a child afflicted with the disease over two years, I have used, locally, sulphur ointment, nitrate of mercury ointment, tar ointment, oxide of zinc ointment, tar soap, aromatic spirits of ammonia, all properly diluted, and internally administered Fowler's solution of arsenic, cod liver oil, iodine and sarsaparilla, and elixir iodo-bromide of calcium compound; all without benefit. When the eruption on the child's face dries away, it becomes feverish, dyspnœtic, with cerebral symptoms, restless and loss of appetite. When the sore is reproduced, the child seems healthy, except the almost intolerable itching. What would be a safe and curative treatment? B. R. F.

## MARRIAGES.

BELCHER—WOOD.—At the residence of the bride's parents, on Thursday, October 14th, by Rev. G. Henry Mandeville, D. D., Wm. H. Belcher, of Orange, N. J., and Maggie A., daughter of Wm. G. Wood, M. D., of Harlem, N. Y.

DRUMMOND—LOUNSBERY.—On Thursday evening, October 14th, at the Presbyterian Church, Bedford, by Rev. P. B. Heroy, C. Elmer Drummond, M. D., and Carrie A., youngest daughter of Phineas Lounsbery, Esq., all of Bedford, N. Y.

HART—TUPPER.—At Trinity chapel, New York, on Tuesday, October 5th, by the Rev. A. A. Rickert, of Philadelphia, Dr. C. L. Hart, of Philadelphia, and Bird, youngest daughter of W. W. Tupper, Esq., of New York City.

MCLEAN—BAYLISS.—October 13th, 1875, at the residence of the bride's parents, by Rev. Allen McLean, Thomas N. McLean, M. D., of Elizabeth, N. J., brother of the officiating clergymau, and Sarah E. daughter of John Bayliss, of this city.

## DEATHS.

SWEETSER.—On the 14th inst., in this city, William Sweetser, M. D, in the 79th year of his age.

FREENY.—At Pittsville, Wicomico Co., Md., on Friday, October 15th, Virgil, son of Dr. G. W., and Ella Freeny, aged 6 years and 8 days.

THE

# MEDICAL AND SURGICAL REPORTER.

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## Original Department.

### Lecture.

### DIAGNOSIS OF DISEASES OF THE EAR.

Delivered, by Invitation, Before the Oxford (Pa.) Medical Society, September 15th, 1875,

BY LAURENCE TURNBULL, M. D.,

Aural and Ophthalmic Surgeon to Howard Hospital, Philadelphia.

"Language is the great instrument through the possession of which man is most distinctly separated from the lower animals, through use of which he is able to share the experience and knowledge of other individuals of his time, as also those of past generations; without which each man would, like the lower animals, be limited to his instinct and to his own particular experience."*

The subject of our Lecture naturally divides itself into—First, An abstract of the history of the means employed in diagnosis of diseases of the ear. Second, What are our present improved methods of diagnosis? Third, Test of the hearing by means of König's rods. Fourth, What are the tones of the human voice, and how are we to apply them in the diagnosis of diseases of the ear?

About the middle of the sixteenth century Capivacci, an Italian physician, was the first to describe a method of making a diagnosis between the diseases of the peripheric and of the central parts of the organ of hearing, as follows: "One end of an iron rod, an ell in length, was placed between the teeth of the patient, while the other was placed upon a keyed musical instrument. If he could distinguish the tones produced by the vibrations of the keys of the instrument, his deafness depended upon some lesion of the membrana tympani; if not, it was an affection of the nerve."

A writer by the name of Hercules Sarsonia found that patients who had disease of the auditory nerve always spoke in a very low tone, because the nerve supplying the tongue was a branch of the fifth pair, which was affected.

A great step in our knowledge of the appearance of the interior of the ear was by the use of the aural speculum, which facilitated the diagnosis of foreign bodies in the ear, as well as changes in the meatus, alterations in the appearance of the drum, etc.* This was in 1664, and was invented by the celebrated Fabricius Hildanus, who published a description of it; he stated it could also be employed in dilating the external meatus; but it is now superseded by the more simple modification of ear specula of Gruber and Wilde.

To Marcus Banze we are indebted for the first description of a perforated membrana tympani, and how to relieve it by an artificial membrana tympani, namely, an ivory tube, the end of which was covered by a bit of pig's bladder.

To Fabricius Hildanus we owe the first described case of polypus of the ear, its appearances, symptoms, and the operation for its removal, published in 1604.

In the latter half of the seventeenth century Thomas Willis proved that total deafness does not follow the destruction of the membrana

* Helmholtz.

* See plates in the work of Fabricius Hildanus, Opera quæ exstant omnia, Franco. 1646, p. 17.

tympani. He also made some observations on deaf persons, whose hearing was better in a noise, and gives an illustration of a woman who could only hear her husband when a servant was beating a drum. This form of disease was called "Paracusis Willisina," and was supposed to be owing to the relaxation of the membrana tympani, the normal tension of which was restored by the noise.

In 1742 great progress was made in our knowledge of diagnosis of diseases of the ear, by Valsalva, who gave the details of cases in which the membrana tympani had been restored; he also recognized an exostosis of the base of the stapes as a cause of deafness. He gave us, also, the Valsalvian experiment of forcing the air through the Eustachian tube by a quickened expiration with the mouth and nostrils closed, and he directed this method for cleansing the middle ear of pus, serum, etc.

He proved that the cavity of the tympanum is connected with the cells of the mastoid process, either by the Eustachian tube or by a perforated membrana tympani. In a case reported, he injected the cavity of the tympanum, through a fistulous opening in the mastoid process.

He also proved that stoppage of the Eustachian tube is a cause of deafness, also described the attachment of the tensor-tympani muscle.

His work on the ear passed through five editions. He devoted sixteen years to the study of anatomy of the ear, and dissected more than a thousand heads.

In 1735, Guyot, a postmaster of Versailles, whose hearing was impaired, devoted much time and attention to the subject. He introduced an angular tube through the mouth, and injected his Eustachian tube, the orifice of which must have been much dilated. The distal extremity of the instrument was attached to a leathern tube, which was connected with the reservoir of two small pumps, by means of which he forced fluid through the tubes, and washed the Eustachian tube.

About fifteen years later (1741), Archibald Cleland, an English physician, revised the operation, but introduced the tube or catheter through the nose. This same individual invented a speculum, with a three-inch convex lens, and a wax-light attached, as a means of illuminating, by reflected light, the meatus and membrana tympani; the ancient plan being simply to place the patient opposite a direct light. The now well recognized operation of paracentesis of the membrana tympani was first attempted on dogs, by Willis and Valsalva, and was first performed for the relief of deafness by a Parisian surgeon, Eli (about 1760).

In 1774, J L. Petit, a surgeon, in his work on surgical diseases, states that in caries of the mastoid process it is advisable that this part should be cut down upon and trepanned, and gives examples where it was performed with success.

About the year 1800 the knowledge of the diagnosis of diseases of the ear made considerable progress. Sir. Astley Cooper, that bright surgical luminary, devoted considerable attention to the subject, and carried out the suggestion of Julius Busson, and Sir Everard Home, for the performance of the operation of the perforation of the membrana tympani, which the great surgeon accomplished with success (upon the living subject), in four cases of closure of the Eustachian tube, with deafness, the result of ulcers in the throat, from scarlet fever, smallpox and syphilis. About this same period, Saunders, of London, in his work on diseases of the ear, advised paracentesis of the membrana tympani in cases of acute suppuration of the tympanum,* an operation which has been revived by Schwartze, in our day, who also showed that disease of the brain is very apt to follow neglected chronic suppuration of the middle ear.

We have now arrived at the century in which we live, and shall describe the mode of diagnosis as practiced at the present time, showing the advantages gained by paying more attention to the tones of the human voice, etc.

In 1841 an important diagnostic and curative fact was discovered, accidentally, by a gentleman of New York (who had a perforation of his membrana tympani, and was very deaf), namely, that if he introduced "a roll of paper, previously moistened by saliva, to the bottom of the passage," it would produce in his ear a degree of hearing quite sufficient for all ordinary purposes. This was shown to Dr. Yearsley, of London, who substituted cotton-wool for the paper, and Mr. Toynbee a thin disk of vulcanized rubber, which has been modified by using a tube of the rubber, with a disk of the same. The improvement is now supposed to be due to the restoration of the interrupted

*"The Anatomy of the Human Ear, etc." Edited by Wm. Price, M. D. Philadelphia, 1827.

connection of the bones of the ear with the fenestra ovalis and labyrinth.

### Diagnosis of Diseases of the Ear.

In a synopsis of the diagnosis of diseases of the ear we should give—First, A record of the history and general condition of the patient. Second, An examination of the external ear, auditory canal, and anterior surface of the membrana tympani. Third, The various tests applied to the tympanum, Eustachian tube, and mastoid cells Fourth, The various means employed to diagnose the condition of the labyrinth, semicircular canals and cochlea, with the auditory nerve distributed to these parts.

First. In our record of the history and general condition of the patient, we must give name, age, occupation, residence, married or single, condition of health, ear affected, right or left, or both; ear most affected, appearance of the meatus, membrana tympani, and Eustachian tube; presumed cause, if formerly affected, as to the existence of pain, noises or discharge? The distance at which an ordinary watch is heard to tick opposite each ear, by closing the opposite ear with the finger or plug of india-rubber, and approaching the ear gradually. If the watch cannot be heard in contact with the auricle, try it between the teeth, or on the vertex or forehead. If not heard, employ a tuning fork, steel or iron rod, struck and made to vibrate when suspended by a silk string. Then, turning the patient's eyes away, test the perception of speech, syllables, words or sentences, repeating in four grades of speech, or intensity of tones, loud, medium, conversational and whisper. Deaf mutes must be tested in the dark by the same methods. Determine if there are any obstructions to the passage of air or water through the nose or pharynx; if there be any disease of the throat, hoarseness, loss of voice, or difficulty in swallowing; if the patient has ever suffered from any severe illness; if any other member of the family was deaf, or any relative; any facts bearing upon the case.

### Diagnosis—Previous Treatment—Prognosis—Notes of Treatment.

For the last nineteen years we have been in the habit of recording the acuteness of hearing by simply using "H. D." for hearing distance, by numbers placed after right or left ear, but after the publication of the method of Dr. J. S. Prout,* in 1872, we followed that for a time, finally substituting the mode advised by Professor H. Knapp,† which has the advantage of combining the ordinary tests in a method, and recording the results in a much more simple but yet comprehensive manner.

My ordinary watch is heard to tick at thirty-six inches, by the majority of persons between twenty-five or thirty years of age. A still louder watch is heard at thirty feet. It is important to have both tests for those persons who, not hearing the lower ticking watch, will detect the sound of the louder one. Our mode is to designate whether the test is in inches or feet. The watch employed by Dr. Knapp, in his consultation room, by the majority of persons between thirty and forty-five years of age, is heard at a distance of ten feet from the ear. If the person hears this watch at 10 inches, it denotes his hearing power for noises h=$\frac{10}{10}$, *i. e.*, 1 inch. or normal. In all cases this cannot be done, as certain patients will not be able to hear the watch expressed by inches, while they can hear a watch of the intensity of thirty-five or forty feet normal distance. Children, as a rule, hear the watch more acutely than adults, and persons from the age of twenty-one to forty-five much better than after the age of fifty; while at seventy almost all persons become more or less deaf, and such individuals, owing to the density and friability of the cranial bones, hear the watch better on the temple or mastoid process. If a patient hears a watch of ten inches' normal hearing distance at two inches, his hearing is only one-fifth of the normal standard, but instead of writing h=$\frac{1}{5}$, it is preferable to write h=$\frac{2}{10}$, because this, at the same time, shows how the value is obtained, and can be read in the words at the beginning of the sentence. Dr. Knapp prefers to use the numbers in such a way that they not only show the fraction of hearing acuteness, but also the mode of examination: for instance, if the watch is heard only at one inch, he writes h=$\frac{1}{12}\frac{1}{10}$, and does not reduce the fraction to its simplest expression, as, for instance, h=$\frac{1}{12}\frac{3}{10}$=$\frac{3}{40}$, which shows that the patient whose hearing acuteness for noises is

* Dr. Prout uses H. (horologium) for the watch, V. (vox) for the spoken voice, and V. S. (vox susurrata), or simply S. (susurrus), for the whispered voice. He uses the following abbreviations:—P. A., potentia auditis, for hearing power. A. D. and A. S., auris dextra and auris sinistra, for right ear and left ear, and expresses the hearing distance in inches.

† Dr. H. Knapp's Archives of Ophthalmology and Otology Vol. III, No. 1, 1873, p. 220.

only $\frac{1}{40}$ of the normal standard hears a watch of ten inches' hearing distance at three feet. Fractions of an inch, he places either in the numerator, as $h=\frac{1}{12}:\frac{2}{10}$, or leaves only the unit in the numerator, and places all the other numbers in the denominator, as $\frac{1}{2\ 12\ 10}$, both of which show at once that the watch is heard at half an inch.

In the inspection of the auditory canal and anterior surface of the membrana tympani, the most important instrument is the round ear speculum, modified by Professor Gruber, of Vienna, and the concave mirror of Professor Von Tröltsch. The former are made of German silver, three or four in number and of different sizes. On introducing the speculum, the end will come in contact with the lining membrane of the meatus, and by careful movement show its surface by direct light, and with it we can determine if there is any foreign body, or an excess of altered cerumen. The canal is somewhat tortuous, winding first a little upward and downward, inward and directed forward, so that, if we desire to examine the membrana tympani, we press the speculum well into the passage, against the outer part of the posterior wall, and draw the auricle upward and backward with the left hand, by careful rotation, until secure without being held. When we have taken a general view, we then take hold of the speculum with the thumb and index finger, so as to turn it, to obtain a view of the various parts of the membrana tympani. Having now the speculum under full control, and the patient between us and a good bright window, with ordinary daylight, the bright rays of light are reflected into the membrana, from a concave mirror of about two and a half to three inches in diameter, and a focal distance of from five to six inches. Instead of daylight many good aural surgeons resort to artificial light, argand gas burner, student's lamp, or Tobold apparatus*. If we desire to have several to look at the membrane, it is well to use a plain mirror and sunlight. The first object which is seen, in looking at a healthy membrana tympani, is the handle of the malleus, running like a thin streak, of the color of bone, from above downward to the middle of the membrane. Then the color of the membrane is to be carefully noted; this will be translucent and of a neutral gray, opaline by daylight and yellowish gray by artificial light.

The next point is to notice the cone of light, or umbo, which is situated in front of the malleus, with the apex of the cone at the lower end of the malleus. If the membrane is diseased, it may be abnormally flat, oblique or concave. (The angle formed by the membrane with the upper wall of the tympanum, in health, is, on an average, 140°.)

The position of the handle of the malleus is often a guide, which, when the ear is much diseased, or from want of air on the opposite side, by closure of the Eustachian tube, or from labyrinthine pressure, may be very much drawn inward, or twisted, and so appear broader and shortened in perspective.

In chronic catarrh, one of the most frequent forms of disease of the ear, accompanied with or without obstructed Eustachian tube, the natural curvature of the membrane is lost, and there is a marked concavity, the membrane losing its transparency and becoming whitish gray, and entirely opaque, so that the handle of the malleus cannot be seen. If, however, there is acute catarrh, the membrane presents a distinct pink hue, due to the congested mucous membrane of the tympanum shining through it, or its own vessels, surrounding the malleus, may be engorged.

If we have simple closure of the Eustachian tube, which now and then opens with a sudden crack, the membrane is not so concave, and the malleus will be seen displaced or turned slightly backward.

If the Eustachian tube is too patulous, there is but slight concavity of the membrane, with unnatural ringing of the voice in the ear and undue perception of sounds in the throat.

In certain forms of deafness, both in children and adults, the membrane may be very concave, as from obstruction of the tube. When, on examination with the catheter or Politzer's air douche, it is found not closed, nor even narrowed, but the nostrils obstructed by the swelling of the mucous membrane and excessive secretion, or the tonsillar region swollen so that respiration is carried on with difficulty, and the air, during inspiration, is drawn out of the tympanum, the attention of the surgeon should be given to restore the whole naso-pharyngeal region to a healthy condition. We know from personal experience that this mode of treatment will relieve the patient. The superior border,

* For a description of these various forms of illuminating apparatus, see author's "Manual of Diseases of the Ear," published by J. B. Lippincott & Co., Philadelphia.

and the thin portion above the short process, termed the membrana flaccida, being very liable to assume a morbid condition, care must be taken to notice thickening, or the taking place of a perforation, which would, perhaps, expose the neck of the malleus or reveal the existence of a red mass of granulations. In the thin portions of the membrane, bulgings of the membrane may occur from a too frequent and forcible use of the air douche, or blowing with mouth and nose shut, also from collections in the tympanum of mucus, serum or pus.

If there is liquid secretion in the middle ear it forms distinct bubbles, which can be seen on the inner side of the membrana tympani, of a dark-green or yellow color, changing their positions with the movement of the head. The membrane may again be seen flaccid, or attached to the promontory, or bound by bands of lymph. In these latter cases the Eustachian tube is generally obstructed.

By means of Siegle's pneumatic speculum we can determine the various degrees of tension in the different parts of the membrana tympani, and assist in determining their presence, and removing adhesions, and preventing collapse. This instrument is an ordinary speculum, made of vulcanite, the wider end of which is enlarged into a box, covered by a glass, through which the membrane is observed, while the small end is surrounded by india rubber, which can be made larger or smaller by a small ring cut off a piece of rubber tubing, so that it can be fitted closely, even air-tight, into the meatus. The air can be exhausted by the mouth or a syringe fitted into the tube which is connected with the interior of the speculum, and by means of a small stop-cock the air is prevented from entering, except in such quantities as may be required. By its use we can sometimes diagnose whether tinnitus, or noise, is in the external or middle ear, or is of cerebral origin, or the result of pressure exerted upon the labyrinth.

If the membrane has become perforated, this is readily seen, if it be large; and if small proven by desiring the patient to shut his mouth and nose and force the air, accompanied with a discharge of mucus or pus, which will form a small bubble at the orifice of the perforation. By means of a piece of rubber tubing, passed from the patient's ear to the surgeon's, a hissing or bubbling sound can be heard, which will confirm the diagnosis.

The following conditions may accompany perforations, out of which may spring a mass of granulations, with a discharge of pus or a polyp from within the tympanum, and just appearing on a level with the orifice. Polypi may have their origin near to the membrane, and not be attached to it. There is almost always a discharge of pus, with more or less blood, from the ear. If blood is discharged from the ear, a careful examination should be made, as it may either come from an injury, a polypus, or diseased bone. Often our only true test is the microscope, which will show us the broken-down bone, pus, or simple blood globules. Blood is also seen when the disease involves the temporal bone, causing ulceration or inflammation of the mastoid cells, the extension of the disease from the middle ear, especially where there is perforation of the drum membrane.

The diagnosis of diseases of the ear is facilitated by means of rhinoscopy and the various tests applied to the middle ear, Eustachian tube, etc.

### Anterior Rhinoscopy.

By the use of the bivalved ear speculum, or ordinary polypus forceps, the mucous membrane of the inferior turbinated bones can be seen. A still better plan is to employ a double-valved speculum, so as to perform anterior rhinoscopy. As this instrument holds itself in the nose by a special arrangement, both hands of the operator are free, and with a hand or head mirror the nasal aperture can be illuminated much more perfectly.

By means of posterior rhinoscopy we can see into the pharyngeal openings of the Eustachian tubes, the vault or roof of the pharynx, and the upper portion of its posterior and lateral walls. Diseased abnormal enlargements of the follicles of the mucous membrane may be seen on the surfaces of the nares, vomer, and turbinated bones extending to the pharyngeal orifices of the Eustachian tubes. The color of these vegetations is a deep red at the base, shading off to a lighter pink, or to a yellowish cast at the apex.

In the operation of posterior rhinoscopy, the light from a good lamp is thrown rather lower in the fauces, so that a small mirror, previously warmed, placed with its face upward behind the uvula, then by sliding or inclining the mirror laterally the Eustachian orifices are shown by this means.

**Diseased Conditions of the Eustachian Tubes.**

1. The Eustachian tubes may be entirely obliterated.

2. There may be œdematous swelling of the parts.

3. Granulations or ulcerations near the orifices.

4. A want of power to close the orifice, by too patulous a condition.

5. A collapsed condition of the lips of the tube.

We have already referred to the appearance of the membrana tympani, when the Eustachian tube is closed entirely, or in part, or when there is a want of power in the Eustachian tube, or a flaccid condition of the parts.

The three following methods are employed to determine and overcome these various conditions:—

First. The simple inflation of the ears by the act of swallowing, the mouth and nose being closed, or, as it is termed, Valsalva's method, is often satisfactory in determining whether air passes freely into the Eustachian tube, by listening (as before stated) with an india-rubber tube, one end in the patient's ear, and the other in that of the surgeon; both patient and surgeon notice the sound at the same time the air enters. If this is not successful, we resort to Politzer's air bag, or douche, which is an india-rubber bag, to which is attached a small elastic tube and nozzle, which is introduced into the nose of the patient, who, having taken a little water into his mouth, holds it there until he receives the signal to swallow, at which moment his mouth is shut and his nose must be compressed, at the same time holding the nozzle in the nostril while the bag is suddenly compressed. This act of swallowing opens the Eustachian tube, while the air is being forced into the upper part of the pharynx, the velum plati raised, and the air passes into the middle ear. If these means do not open the tube, the Eustachian catheter is employed, being introduced through the nose, back to the pharynx, drawn a little forward and outward, and turned into the orifice of the tube. Then by blowing air into the middle ear, we can determine, comparatively, the condition of the tube. By this same avenue, we also introduce medicated vapors, or bougies to dilate a strictured portion, or make a new entrance. The sound of the air passing through a healthy tube, into an equally healthy tympanum, and distending a healthy membrana tympani, is like blowing into a small bladder. When the air is introduced by a catheter, there is a blowing or rustling sound. If the tube is diseased or shut up, from cold, the entrance of the air is prevented or followed by the sound of a sharp crack. If there is much secretion, the introduction of the air gives a slight squeak, or a distinct gurgling, or bubbling noise. If there is an unnatural dryness, then the sound will resemble a harsh dry murmur. If we have not introduced the catheter into the tube, we have a distinct rough sound, not, however, advancing toward the ear from the throat.

We now come to the fourth part of our subject, viz.: the various means which have been employed to diagnose the diseased condition of the labyrinth, semi-circular canals, cochlea, and auditory nerve, which is distributed to these parts. When deafness occurs suddenly, with apoplectiform symptoms, in a previously healthy person, and these symptoms disappear while the deafness remains, the seat of the disease is usually found in the labyrinth. This same result is produced by severe injuries of the head, causing fracture of the petrous portion of the temporal bone, with consequent inflammation of the membranous labyrinth, which is firmly united to the bony labyrinth.

"Ménière's disease," or labyrinthine vertigo, in which there is found bloody exudation in the semi-circular canals and vestibules, is diagnosed by the following symptoms: deafness and tinnitus aurium, or noises in the ear,* headache, paleness of the face, fainting, obscuration of the field of vision, vertigo, nausea, vomiting, and disturbance of equilibrium. *In chronic aural catarrh*, the whole chain of the above symptoms may occur as an acute complication, caused by exposure, and may disappear and leave the disease in its previous condition, or perhaps worse. The diagnosis of inflammation of the labyrinth in ear disease is mainly supported by the symptom of permanent irritation and paralysis of the auditory nerve. Secondary inflammation of the labyrinth is to be assumed when, in the general diseases enumerated above, timitus aurium and deafness, without symptoms of otitis media, are well marked.

*A discharge from the ear* should always be inquired about, if there is epilepsy and epilepti-

*The importance of this symptom in diagnosis of diseases of the ear, and as a disease itself, is fully treated in a 16mo, published by J. B. Lippincott & Co., 1875.

form seizures. There is a persistent hemiplegia in some children, with a discharge from the ear.

Prof. Gruber has found that in some cases of strumous enlargement of the glands there were marked symptoms of congestion of the labyrinth. This is also stated to be the case in the later stages of phthisis. Irritation from worms has also caused irritation of the labyrinth and deafness as a consequence, while the removal of said irritation has resulted in the restoration of the hearing.

**Ophthalmoscopic Examination of the Eyes in Diagnosis of Disease of the Ear.**

In the examination of the eyes by means of the ophthalmoscope, in cases of disease of the ear of a nervous character, there was found, by Dr. Bader and others, with few exceptions, hypermetropia, and this he considered due, not to flatness of the eyeball, but to a certain paralysis of the third nerve. According to Prof. Knapp, glaucoma of the eye is, perhaps, a counterpart to "Ménière's Disease." The deafness which is mostly total, occurring in the course of acute meningitis, and sporadic and epidemic cerebro-spinal meningitis (which, at the present day, after scarlet fever, is the most prominent cause of post-natal deafness), a disease involving the labyrinth, cochlea and auditory nerve, frequently attacking the eyes as purulent choroiditis. Constitutional syphilis furnishes a valuable example in a case (reported by Dr. Knapp), showing a pure attack of Ménière's disease in a patient who soon after had an analogous affection of his eyes. In exudative irido-choroiditis, chiefly of a serous character, it may be inferred that the labyrinthine affection of the ear is also a serous exudative inflammation. Severe fevers, as, for instance, typhus, typhoid, congestive, puerperal, and yellow, with infantile convulsions, sunstroke, and pyæmia, are all apt to produce cerebral deafness, without changes in the membrana tympani and middle ear. This serous or hemorrhagic inflammation of the labyrinth is followed by thickening or atrophy of the membranous labyrinth, with or without atrophy of the auditory nerve.

The deafness resulting from the use of excessive doses of quinine we have rarely seen, indeed, only one not well marked case, though our experience has been considerable.

The mechanical contrivances and artificial apparatus for testing the hearing distance do not express the delicate shades in pitch, intensity, and timbre, as the natural instrument, *the human voice*, nor in so varied a degree. Although the speech, on account of the great number of tones and the most varied pitch, intensity and timbre, cannot be made available with as much mathematical accuracy as the test types for determining the acuteness of vision, or the chemical reagents for analyses.

**Test of the Hearing by Means of the Ticking of the Watch.**

Of the value of this method almost all authorities are united that it has faults and deficiencies, and yet it is very useful employed as an auxiliary, and it could not be well dispensed with. The main objection urged against it is, that with the ticking of the watch we test the patient with but two tones of the whole scale, and those are neither very pure nor precise. The hammer or anchor strikes the cog-wheel, and by its impact calls forth two weak tones, which are intensified by the resonance of the case.

**Test of Hearing by Means of the Tuning Fork.**

We owe to Mach the first scientific application of the tuning fork in diagnosis, but it is to Leucæ we are chiefly indebted for a careful study of the reason why the tuning fork vibrating on the head is heard better if the meatus is closed; he ascribed it to a gentle pressure exerted on the labyrinth by the closure of the passage; others are of the opinion that the vibrations, which would otherwise escape through the meatus, are thrown back upon the tympanum and labyrinth, and so increase the hearing.

The tuning forks employed are of various forms and sizes; those made by Dr. König, of Paris, are considered very accurate and are largely used. They are fitted with movable clamps (by Politzer), which serve the purpose of giving various tones with the same fork.* Some are constructed with a small hammer attached, the force of the blow of which is estimated by a dial, so that the fork can be struck with a definite degree of force. A small pad or cushion is sometimes employed to strike the blow. The ordinary tuning fork "C" can be

*Dr. Albert Bing, assistant to the Otological Department of the General Hospital, at Vienna, uses sections of common rubber tubing, which ring-shaped pieces are slipped over each tine of the tuning fork, and by varying their positions they fully answer the purpose of the metal clamps. Dr. Bing has also invented a stop watch with a regulated tone and tick, which has many advantages as a means of diagnosis.

employed, and it will be found a useful instrument in assisting to confirm a diagnosis, more especially in distinguishing those caused by disease of the conducting media from those of the nervous structures; also in determining the vibratory and resonant conditions of the sound-conducting structures in chronic catarrh, etc. If the hearing is normal, the tuning fork should be heard outside of the meatus externus for a longer time than when pressed on the bridge of the nose, vertex of the head, mastoid process, or teeth, but when applied to these parts the sound should be increased, and should also return after it has ceased to be heard, by stopping the meatus.

The disadvantage of this method of testing the hearing is, that we subject the patient only to a single intense musical tone, the value of which unmusical persons cannot always appreciate and account for correctly.

Too much has been expected from the use of the tuning fork in diagnosis; still, it is not well to omit it in our examinations.

**Tests of the Hearing by Means of König's Rods.**

Before giving our experiments, it will be proper to state the results obtained by other observers. The discrepancy, in our opinion, can only be accounted for in three ways. First, variations in the sound-conducting portion of the auditory apparatus; second, defect, original or acquired, in the perceptive portion, and third, want of cultivation.

Savart fixed the lowest limit of the human ear at eight complete vibrations a second, by means of a toothed-wheel and an associated counter, and the highest limit at twenty-four thousand vibrations. Helmholtz has fixed the lowest limit at sixteen vibrations, and the highest at thirty-eight thousand. Vierodt gives the highest tone as forty-eight thousand, and Desprets as seventy-three thousand seven hundred single vibrations in the second. By means of a pendulum swinging a given distance and striking a steel König rod, a definite degree of intensity is obtained. With this instrument a series of experiments were made by Dr. C. J. Blake, of Boston, Massachusetts, to ascertain the average perceptive power in the normal ear, and this was found to vary considerably with the age; thus, at about the ages of twelve and thirteen years a tone of forty thousand nine hundred and sixty vibrations per second was heard at a distance of thirty-four feet; at the ages of from eighteen to twenty years the same tone was heard only at distances of from thirteen to sixteen feet; and at the extreme limit of thirty-four feet the tone of thirty-six thousand eight hundred and sixty-four only; at the ages of from twenty-eight to thirty years, at the extreme limit of thirty-four feet, only tones up to thirty-two thousand seven hundred and sixty-eight vibrations per second were perceptible; while above the age of fifty years the limit of perception at the same distance had still further diminished, and in a greater variety of degree.

In our experiments for the production of the musical tones, the steel rods of Dr. König, of Paris, employed, were made of choice white tempered steel, under the supervision of Dr. Clarence J. Blake. The rods are two centimeters in diameter and from one inch to four in length, of from twenty thousand vibrations per second to sixty thousand. They are suspended by means of fine wire, or string, or better, fine but strong silk thread. Vibration is produced by a stroke from a steel hammer. In each experiment the rod is held at a uniform distance from the ear to be tested. Before commencing our experiments on any individual we determined accurately the condition of his organ of hearing. Barometric pressure 30° and temperature 65° Fahr. With this arrangement of the rods the following were the results obtained by a series of experiments which were found to vary with the age and condition of the hearing apparatus of the individual:—

| *Age.* | *Distance.* | *Number of Vibrations.* |
|---|---|---|
| 15 | 35 feet | 40,000 |
| 18 | " | 40,000 |
| 21 | " | 35,000 |
| 25 | " | 30,000 |
| 30 | " | 25,000 |
| 50 | " | 25,000 |
| 60 | " | 20,000 |

In only one instance did a trained musical ear hear sixty thousand vibrations in a second.

It will be seen by these and numerous other experiments which have been made, that the highest musical tone obtained in a normal, healthy ear, not specially trained, did not exceed, in any instance, a fraction over forty thousand vibrations in a second. Education of the ear and brain to the recognition of musical tones is as necessary as the training of the athlete to run, box, row, bat, or lift weights. Most wonderful instances of the power of the trained ear are found on record.

In every instance, when the individual experimented upon was fifty years of age, or over, there was found a change in the auditory, or sound-conducting apparatus, and even in the case of individuals who were from eighteen to thirty years old, it was rare to find both ears of the same power. In other instances, where there was no defect in the ear, there was found a want of musical perception (application)

A gentleman (Dr. J. Solis Cohen) who has given much study to sound, throat, vocal chords, etc., was desired by the writer to repeat his experiments with the rods, which he kindly complied with. On returning them, he stated that he could not hear a higher number than thirty-five thousand vibrations per second. I stated at once that there must be some defect, and expressed a wish to examine and test his hearing, never having done so before, and without knowing of any peculiarity in regard to his hearing. On examination, I discovered that in the right ear there was an opacity or thickening, on the inferior quadrant of the membrana tympani, and this was confirmed by testing his hearing by the watch (of thirty inches' normal hearing), when I found his right ear was less acute in hearing, by four inches. He then wrote for me the following note of his case, a copy of which I append.

"I have recognized for a long time, in delicate auscultations, that hearing in my left ear is little more acute than in my right, but I can hear the upper tones of the rod of thirty-five thousand vibrations, apparently as well with one ear as the other, the musical tone being distinct, though faint. In the rods of forty-thousand vibrations and upward, I can distinguish nothing but the thud. For ordinary purposes I am not conscious of any difference in hearing capacity, nor aware that my hearing is less acute than that of the average normal subject." *

This instrument of König's is of value in diagnosis, as was shown in the above case, and in many others, and will determine with great accuracy any deviation from the standard of health which we have determined, according to the age of the individual. It can be mounted on a stand and struck with a hammer, as in the case of the tuning fork, and will be found a useful addition to our mechanical means of diagnosis.

* Extract from "Transactions of the American Association for the Advancement of Science."

**On the Perception of the Human Voice.**

The first impression we receive is that the more or less deaf patient is able to answer our questions in an ordinary tone of voice. If he cannot hear us, or we have to elevate our voice to a loud tone, we at once make a diagnosis in our mind, and so register it; and if he speaks in a very low tone, we also draw certain evident conclusions from it, as to its nervous origin and his power of modulation. The consonants are the most difficult to hear by the diseased ear, the vowels being much more readily heard by the deaf patient, such as *a*, *e*, *i*, *o*, *u*. In cases of partial destruction of the membrane, the vowels were heard disproportionately better than the consonants, which were less distinctly heard in proportion to the size of the defect, and the better in proportion to the pitch of their ground-tone and the number of their harmonies; a rhythmical utterance diminished the difficulty.

On experimenting with an artificial meatus and membrane it was found that the resonance was much greater for the voice, and that partial destruction weakened and raised the pitch of the resonance, for the further reason that it possesses many sounds which are far weaker and more delicate than the tones of instruments.

The following experiments, to determine and confirm some of these points of hearing, were made on the healthy ear, in the open air, during the year 1874, at Russelton, Fauquier county, Virginia, under our directions, and with the assistance of three scientific friends. The situation was three and a half miles from Warrington, 1000 feet above the level of the sea. Temperature 70° Fahr. Pressure of barometer 30°. No excess of humidity. From the gate of an avenue of small trees, 233 yards distant, the vowels of the alphabet were heard in the following order:—*a*, 233 yards, most distinct and clear; then *o*, 230 yards; *e*, 220 yards; *i*, 220 yards; *d*, 200 yards; *g*, 150 yards; these experiments being repeated in a closed hall with the same results.

At 40 yards (the greatest distance at which the human voice is heard distinctly) we heard every word, although certain vowels could be heard at 600 yards.

**Electricity in Diagnosis.**

A diseased ear cannot be considered fully examined and the means for its cure exhausted, until the galvanic current has been used in

a scientific manner. It has been observed, both by ourselves and other careful observers, that a sensation of sound is perceived, even in the healthy ear, when one of the poles of a battery was placed in the auditory passage when filled with salt and water, and the other connected with different parts of the body.

Some recent writers are in doubt upon this subject, and state that this has not been proved to their satisfaction; and some recent experimenters attribute the subjective auditory phenomena observed by Brenner and others to stimulation of branches of the facial, and through this nerve to the action of the muscles of the middle ear, particularly the stapedius.

Dr. Poorten, in a review of the theory concerning the origin of the subjective symptoms consequent upon the application of the galvanic current, gives the results of experiments upon himself and others, and disproves the theory founded by Wreden upon the supposed action of the current upon the stapedius and tensor-tympani muscles. The experiments consisted in the use of Siegle's pneumatic speculum (before referred to), by which the membrana tympani was drawn outward, and traction made upon the tensor-tympani and ossicles, or, on the contrary, relaxation. Under these circumstances the galvanic current gave precisely the same reaction that it did before the use of Siegle's speculum. Dr. P. concludes that the action of the stapedius muscle by Wreden (namely, the production of intra-labyrinthine pressure by its contraction) is not only disproved, but is denied by later observers. That neither the facial nerve, the branch of that nerve passing to the stapedius muscle, nor the muscle itself, are directly acted upon by the galvanic current. Subjective symptoms were educed by the action of the galvanic current, when the contraction of the stapedius muscle was prevented.

We firmly believe that the auditory nerve can be excited by the galvanic current, if properly applied, and there is no resulting paralysis. We have performed numerous experiments upon our own ears, as well as other persons'. The mode of its impression, or the way that it is connected with that nerve, may be by the facial, for we know that there is in the internal auditory canal a few fascicles of fibres which constitute what Wresberg has termed the "portio-intermedialis," forming a connecting link between the auditory and the facial. Confirmation of the above has been given by means of the rods of König.

Blake finds that the passage of the current increases not only the limit of perception of musical tones, but also the intensity of perception. The degree of increase in intensity of perception being a measure of the degree in which the auditory nerve responds to the stimulus. We believe that the galvanic current is a most valuable auxiliary in the treatment of diseases of the ear, and must not be omitted, especially in cases of a nervous character, after all symptoms of disease of the external and middle ear have disappeared or been removed. Of the mode of application, which is of importance, and the kind of electricity* which is most useful, we are unable to enlarge at this time.

## Medical Societies.

### NEW YORK ACADEMY OF MEDICINE.

Stated Meeting, October 7th, 1875.

Dr. S. S. Purple, President, in the Chair.

Dr. Taylor briefly reviewed the subject of his paper on the Treatment of Contracted Pelvis.

The President then stated that a discussion of Dr. Taylor's paper was in order.

Dr. Peasley said that there was great diversity of opinion on the subject; that he had been long acquainted with Dr. Taylor's views, and did not see how they could be controverted. He considered them the best, and would offer no question or opposition to such a practice.

Dr. Hanks related the following case: He was called to see a lady on Jan. 12th, 1869, who had been in labor for six hours. The head of the child was at the superior strait, and no progress had been made for four hours. The head of the child was delivered, by means of the forceps, at the end of two hours. The pelvis was contracted, and of the flat variety. Three months later she again became pregnant; he brought on labor and she was delivered of a dead child. Pregnancy recurred, and premature delivery at the eighth month was induced; the forceps were applied. The child lived for three days and died of inanition. The Doctor was himself called in consultation at a later period in this case; when he arrived the woman had been delivered of a dead child at term, and was dying of broncho-pneumonia.

#### A New Means of Diagnosis in Diseases of the Respiratory Organs.

Dr. Elsberg read a paper on the above subject. He said that pneumometry was a method of measuring expiratory and inspiratory force.

* A Clinical Manual of Diseases of the Ear. Laurence Turnbull, M. D. J. B. Lippincott & Co., 1872.

A century and a half ago Rev. Dr. Hills made investigations by breathing air into closed receptacles, the amount being measured by means of a column of mercury. These observations were the first ever made in that direction, and were published in a book in 1776. In 1844, Valentine, in a work on Physiology, published some researches; several other observers followed him, at intervals, but no practical results were arrived at until four years ago, Valdenberg having exhibited the pneumometer to his students eighteen months previous.

Dr. Elsberg showed the instrument and explained its use. It is composed of a glass tube, of uniform bore, bent upon itself, in the form of the letter U, open at both ends; it is attached to a metallic scale. This tube is filled, to the extent of several inches, with mercury. When this is level in either limb it registers 0, and from this point 125 millimetres are marked up and down on the scale. To one end of the pneumometer is attached a rubber tube, terminated either by a double nose piece, mouth piece, or mask for the face. The method of using it is to allow the patient to inspire or expire, and the amount of depression, in inspiration, of the column of mercury, or the amount of elevation, in expiration, registers the relative or absolute force. Pneumometry has been used in health, but only for physiological purposes, until within a few years. The result of Dr. Elsberg's observations were, that the average maximum of expiratory force in the healthy male adult was 68 millimetres, and the maximum inspiratory force 110 millimetres. In the female adult the maximum expiratory force was 90 millimetres, and the inspiratory 120. He fully confirmed the observations of Hutchinson, who found that in healthy individuals the degree of expiratory pressure was always higher by one-third than the inspiratory power.

Dr. Elsberg pointed out its usefulness in phthisis, emphysema, bronchitis, pneumonia, cardiac (valvular) affections, narrowing of the upper air passages, abdominal affections, and muscular atrophy and paralysis. Valdenberg says that he recognized emphysema in the incipient stage by means of the pneumometer. In conclusion, the Doctor said that pneumometry, like percussion and auscultation, only revealed various abnormal conditions, but not diseases; it determines expiratory and inspiratory power before any other sign can be discovered in emphysema; its importance cannot be doubted, and it should be accorded a prominent place in the diagnosis of disease.

The President called upon the committee who had drawn resolutions on the death of Dr. Swift.

Dr. Dalton, as a member of the committee, read the following:—

WHEREAS, The members of this Academy have learned with regret of the death of their former associate, Dr. Foster Swift, therefore,

*Resolved*, That in Dr. Swift the Academy and the profession have lost a member whose personal character commanded the esteem of those who knew him, whose brilliant talents gave sure promise of future distinction, and who was eminently fitted, by his superior attainments, his singleness of purpose, and his engaging manners, for a prolonged life of usefulness and success; also,

*Resolved*, That a certified copy of these resolutions be transmitted to the family of Dr. Swift, as an assurance of the sympathy of the Academy in his loss, and of their high appreciation of his personal and professional qualities.

It was moved and seconded that the above resolutions be adopted.

## PROCEEDINGS OF THE OHIO VALLEY MEDICAL ASSOCIATION.

The fourth session of the Ohio Valley Medical Association met at Ironton, Ohio, October 13th, at 6½ P. M. The session should have been opened at 10 A. M., but in consequence of the very low water in the Ohio river, most of the members failed to arrive until very late in the afternoon The association was called to order by president A. L. Knight, of West Columbia, W. Va. The lecturer for the evening meeting of the laity with the profession failed to put in an appearance, and Dr. T. Curtis Smith was invited to entertain the audience, which invitation, so unexpectedly tendered, he reluctantly accepted, and gave a short address on, "The Relation of Infant Diet to Gastro-Intestinal Disorders and Infant Mortality." The association then adjourned, to meet at 8 A. M., on the 14th.

*Second Day.* Called to order by the president, Dr. A. L. Knight, who made a few timely remarks on the growth of this professional body, with some valuable suggestions in relation to its course of proceeding in the future. The chair then appointed, Drs. C. M. Finch, P. H. Clarke, and D. C. Wilson a committee on the admission of new members, and Drs. T. Curtis Smith, L. F. Roush, and W. A. Frizzel, committee on publication.

Dr. Smith offered the following as a substitute for Article VI, of the Constitution. "The meetings of this association shall commence on the first Wednesdays of May and November, of each year, and continue two days," which was accepted, to be called up at the next meeting. The committee on admissions recommended the following gentlemen for membership, viz:—W. T. Atkinson, Ashland, Ohio; A. J. Beardsley, Huntington, W. Va.; John Shattuck, Marion, Ohio; R. A. Vance, Gallipolis, Ohio; J. W. Matthews, John Morris, N. K. Moxley, W. R. Earhart, Ironton, Ohio; F. Hudson, Lyra, Ohio; J. O. Well, Huntington, W. Va.; John S. Henry, of Russel Place, Ohio; J. W. Winn, of Hanging Rock, Ohio; J. F. White, Lawrence Furnace, Ohio; all of whom were duly elected; Dr. J. C. Bishop, chairman of former committee on publication, made a report, which was accepted. The place of next meeting being taken up, Gallipolis, Ohio, was fixed upon, for the April session.

Sanitary reports were now made by R. D.

Jacobs, of Gallia Co.; A. W. Frizzel, of Sciota, Co.; J. W. Winn, of Lawrence Co.; and P. H. Clarke, of Mason Co.; W. Va., all of which were of interest, and led to the discussion of sanitary matters generally. By invitation, the members now went on an excursion, on the Iron R. R., to visit the vast Iron Works, a short distance above the city.

Upon returning to the City Hall (the place of meeting), the reading of essays and discussion of the same were taken up. Dr. P H. Clarke, of Mason, presented, for Dr. N. D. Tobey, of Clifton (who was absent), a paper on the "Abortifacient and Oxytocic Properties of Quinia," which was referred to committee on publication, and discussed by Drs. Smith, Binz, Frizzel, Vance, Bishop and others. Dr. C. M. Finch, of Portsmouth, O., then presented a paper on the subject of "Ear Cough," which was referred. Adjourned to meet at 1½ P. M.

*Afternoon Session.* Dr. T. C. Smith moved that a committee of three be appointed on Sanitary Science, with power to procure and present all needed interrogatory blanks, for distribution among members, who shall report to the chairman of the committee one month prior to its next session, in order to enable the committee to condense the reports and present them in proper shape at the next session. Carried.

Dr. R. A. Vance then presented a valuable volunteer paper on "The Differential Stethoscope, in the Diagnosis of Obscure Cardiac Diseases," for which a vote of thanks was tendered to the author.

Dr. T. C. Smith then read a paper on "Placenta Prævia," which was briefly discussed.

The President then appointed the following committees, to report at the next regular meeting, at Gallipolis, in April, 1876, viz:—

Popular Essayists on Progress of the Arts and Sciences—J. P. Binz, of Portsmouth Ohio; John Morris, of Ironton, Ohio.

Hygienic and Sanitary—T. Curtis Smith, R. A. Vance, J. R. Philson.

Surgery—A. B. Jones, J. O. Wall, A. B. Monahan.

Practice of Medicine—W. A. Frizzel, B. H. Hoyt, D. C. Wilson.

Obstetrics—C. R. Reed, A. J. Beardsley, W. R. Earhart.

Ophthalmic and Aural Practice and Surgery—C. M. Finch, W. W. Fierce, J. W. Winn.

New Remedies—J. S. Henry, N. D. Tobey, P. H. Clarke.

Indigenous Medicinal Plants of the Ohio Valley—R. D. Jacobs, G. A. Ewing, H. M. Leash.

Necrology—T. A. Harris, F. R. Eakins, F. W. Tierman.

Physiology—R. A. Vance, James Moore, D. C. Wilson, A. J. Beardsley.

Committee of Arrangements, all of Gallipolis, Ohio—Drs. R. A. Vance, Sands, Newton, Needham, Guthrie.

Dr. James Moore then presented a report on "Jaundice and its Causes," connected with the report of a very interesting case, where, at the post-mortem, fourteen large biliary calculi were found in the gall-bladder. Report received and discussed by Drs. Binz, Moore and others.

Dr. D. C. Wilson, of Ironton, presented a specimen of urinary calculi, passed by an infant eleven months old, with a very interesting history of the case.

Dr. Frizzel related a case of membranous croup, in a child two months old, treated by small doses of quinine. The report led to a brief but spicy discussion.

Dr. Matthews related a case of compound fracture of the tibia and fibula, with inward luxation at the ankle joint, in a boy 13 years old; briefly discussed. Case recovered with a fair limb.

Night approaching closely, now caused the hasty transaction of financial business, etc., when the association adjourned to meet at 8 P. M., with the laity and profession of Ironton, at Davis' City Hall, at a social reunion and festival prepared for the association. The affair was very enjoyable, and the profession and people did well at entertaining their guests. S.

# Editorial Department.

## Periscope.

### The Treatment of Aneurism.

The editor of the London *Medical Times and Gazette* says, of the treatment for aneurism:—

Of late years, a method to which there can be no possible objection—for it can do no harm—has been making its way especially, again under the auspices of our Irish brethren, and of this we are forcibly reminded by the appearance of the second edition of Mr. Joliffe Tufnell's little treatise on the Treatment of Internal Aneurism. When, some time ago, this gentleman read a paper on the subject before the Royal Medical and Chirurgical Society in London, the impression it made was very deep, but here, in his work, we have ampler details, and to these we would now briefly refer.

The examination of cases where an aneurism has become completely consolidated, and practically healed, shows that this has been accom-

plished by the laying down of successive layers of fine fibrine on the wall of the sac, thus gradually adding to its thickness and strength until something like safety has been attained. What are the conditions of this deposit, and how shall we best imitate them artificially? For the formation of fibrine it is probable that a good dry diet would suit best; for its deposit, diminution in the strength and fullness of the blood-current. The diet should be good but not bulky; dry, that the quantity of blood should not be too suddenly increased, as must happen after a deep draught of any fluid. Then the strength and rapidity of the blood-current may be lessened by diminishing the necessity for a strong and rapid one—by keeping the body nearly horizontal and as nearly as possible at absolute rest.

Such are the principles of procedure. Now let us see how Mr. Tufnell carries them out. As to diet, in the twenty-four hours he gives ten ounces of solid food and eight ounces of fluid, and *no more*. For breakfast, two ounces of bread-and-butter and two ounces of milk or cocoa; for dinner, three ounces of cooked meat, with three ounces of bread or potatoes, and four ounces of water, or light claret; for supper, the same fare as in the morning. When thirst is very troublesome, a small piece of ice to suck gives relief. Such is the bill of fare; but it is not absolute, and may, we are quite sure, be departed from, though not, perhaps, with advantage.

Next, as to rest. Here the rule is absolute, but it is even more difficult to enforce than the other. The recumbent posture should be kept, for, perhaps, two months or more, and it requires a man at once intelligent and strong of mind to appreciate this necessity and rigidly to carry out the rule. Here, indeed, is the rock on which we commonly break down. A patient comes to the hospital suffering severely from the effects of an aneurism; he is placed in a proper attitude, and enjoined to keep himself absolutely quiet. This he will do for a time, but by-and-by his pains depart, he feels nothing the matter with him, and he can no longer be persuaded to lie quiet. He probably insists on getting up, he leaves the hospital, but only to experience a speedy and lamentable relapse. This experience applies, if possible, still more frequently to women than to men. For this restlessness there is nothing like morphia subcutaneously.

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### Tobacco in Relation to Health.

Dr. Richardson, F.R.S., recently delivered a lecture on this subject. After speaking of the introduction of tobacco to Europe, and its enormous consumption at the present time, the lecturer said: The nature of the luxury forms a subject of discussion on which the extremest views prevail. On one side tobacco has been held up as the most harmless of luxuries; and on the other side it has been denounced as the originator, not only of mere functional, but of some worst forms of organic diseases. Following out the researches made by himself, he showed the constituents of tobacco smoke and their results upon the human body, and pointed out the effect exerted by different kinds of tobacco. Speaking of the influence of smoking on the mental faculties, he said: When mental labor is being commenced indulgence in a pipe produces in most persons a heavy dull condition; but if mental labor be continued for a long time, until exhaustion is felt, then the resort to a pipe gives to some *habitués* a feeling of relief; it soothes, it is said, and gives new impetus to thought. This is the practical experience of almost all smokers; but few men become so habituated to the pipe as to commence well a day of physical or mental work on tobacco. Dr. Richardson carefully discussed the question whether the practice of smoking could be considered, fairly, as a cause of those fatal diseases, consumption, cancer, and apoplexy. The argument, he stated, was conclusive against this extreme view. The same conclusion was arrived at in respect to insanity, epilepsy, St. Vitus' dance, heart disease, and chronic bronchitis. At the same time, immoderate smoking cannot be carried on without danger, sometimes even to life itself.

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### Treatment of Hydatid Disease of the Liver.

The prevalent belief that simple tapping of a hydatid cyst in the liver is sufficient for its radical cure, owing to the death of the echinococcus following the escape of its fluid contents, is not entertained by M. Verneuil, the eminent surgeon attached to the Hôpital de la Pitié (*Revue de Thérapeutique Medico-Chirurgicale*, August 15th). He believes that the remains of the cyst acting as a foreign body, if they do not suppurate themselves, yet set up suppuration in their vicinity. Recognizing also the danger of peritonitis from escape of the hydatid fluid into the abdominal cavity, he does not adopt the so-called method of Recamier—viz., external application of caustic—nor other means of promoting adhesion; but he begins by puncturing the most prominent part of the cyst with a large trocar and canula. He then introduces through the canula a large gum-elastic catheter. Adhesions take place between the visceral and parietal peritoneum, and, there being constant means of escape, there is no retention of the fluid. Repeated injections of disinfectants, as solutions of carbolic acid or alcohol, are made into the cyst, the walls of which are thus allowed to slowly contract.

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### Palpitation of the Heart in Epilepsy.

Dr. William L. Lane writes to the *British Medical Journal*:—

The following cases are somewhat interesting, in showing how palpitation of the heart may be due to a cause hitherto unobserved, viz., epilepsy.

Case 1. Michael B., aged 42, a strong

healthy man in appearance, has been complaining for the last three years of a constant pain at the cardiac region, which is not increased by pressure, and is accompanied by a strong impulse of the heart. This pain and beating, which are never entirely absent, get more severe upon any excitement or exertion. The pulse is 78 a minute, and strong. The heart has no valvular lesion nor any hypertrophy, although its impulse is stronger than normal. Lately, that is, within the last eighteen months, he has had some attacks of epileptic vertigo, and two or three severe fits of epilepsy (*grand mal.*) He describes the attacks of epileptic vertigo, or, as he terms them, attacks of "giddiness," thus: the beating of the heart and the pain over it, which are worse than usual for a day or two before the attack of giddiness, suddenly, a few seconds before the attack, become much worse; he then fixes his eyes upon a spot from which he cannot move, loses his senses, staggers, or falls down, and then immediately recovers consciousness (the attack altogether does not last longer than a quarter or half a minute), feeling his head sore and his memory confused. The beating and the pain, which I stated as being more troublesome some time previously to the attack, continue so for some hours after it.

Case 2. William B., aged 31, is a healthy strong man; his aunt was epileptic at one time; her son (his cousin) is a great epileptic. William B.'s father was insane at one time. William B. has never had any fits. He complains of an uneasy pain in the cardiac region and a strong beating of his heart. He feels very anxious about his condition. I examined his heart with the utmost care, and found it healthy in every respect. There is no tenderness upon pressure over the cardiac region, but the cardiac impulse is stronger than normal. The pulse is strong, and 72 a minute. Respiration is normal. His appetite is good. His bowels are open regularly. The pain and cardiac beating are worse at times, and are aggravated by mental excitement or bodily exertion.

Case 3. Mrs. D., aged 50, who has a strong and healthy appearance, has been suffering from a beating of the heart and a pain at the cardiac region for the last twelve months. The heart's sounds and size are normal, but its impulse is stronger than normal. A few days ago, while she was at the railway station here, apparently in excellent health, she had a fit and fell upon the ground. Her face was severely hurt by her fall. She states that lately she has a few attacks of dizziness (most probably epileptic vertigo), which pass away very quickly. Her appetite is excellent; her bowels are regular. She has ceased menstruating since she was forty-seven years old.

*Remarks.*—The predominant symptoms in these cases are the cardiac pain and the strong cardiac impulse, and the feelings of anxiety which these symptoms cause the patients. I may say that they have consulted various medical men in this district and Edinburgh for their palpitation, without any benefit. Cases of this kind, which are by no means uncommon, differ from cases of palpitation which we usually meet, in many respects. 1. The heart's action is not accelerated, nor is it irregular. 2. The causes which produce palpitation, such as anæmia, indigestion, excessive smoking, alcoholic or tea drinking, could not be discovered in these. 3. The cases occur in individuals strongly predisposed to or suffering from epilepsy. I have often thought that the name "mild angina pectoris" would be a very appropriate one for cases like these, on account of the symptoms somewhat resembling angina pectoris, but being a great deal less severe. I may say that cases of this kind are generally unbenefited by any of the remedies, such as bromide of potassium, belladonna, etc, that I have used or seen others use.

## Reviews and Book Notices.

### BOOK NOTICES.

**On Poisons in Relation to Medical Jurisprudence and Medicine.** By Alfred Swaine Taylor, M.D., F.R.S., etc. Third American, from the third and thoroughly revised English edition, with 104 illustrations. Philadelphia: Henry C. Lea, 1875. 1 vol., sheep. 8vo, pp. 788.

This standard treatise has been so long regarded as an authority, by both professions to whom it is addressed, here as well as in England, that its merits need no formal endorsement. The present edition has undergone a thorough revision, which brings its contents down to the summer of the present year. Several chapters have been added, and the views which further investigation has led the author to doubt have been modified or omitted. The last two sections of the work, on cerebro-spinal and cerebro-cardiac poisons, are particularly noticeable for the large amount of new matter they contain, and its forensic importance.

It is gratifying to notice that the learned author has given ample credit to the studies of Dr. Wormley, Professor Reese, and other students of his branch in this country. We observe that the author mentions the singular discrepancy in the alleged results of lead washes to the skin. Why lead washes in cutaneous disorders, and the acetate internally, do not give rise to plumbism, but that hair restorers containing lead do (?) is a contradiction he recognizes (p. 403) but does not explain.

The work is well manufactured, the typography and paper being excellent.

THE

# Medical & Surgical Reporter,

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Issued every Saturday.

D. G. BRINTON, M. D., EDITOR.

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## THE METRIC SYSTEM OF WEIGHTS AND MEASURES.

We are sincerely gratified to note that there is an increasing probability of the adoption of the metric system of weights and measures in this country. The two changes in the prescribing of medicines which the Reporter has long and earnestly advocated, are the doing away with the "dog-latin" now used in writing recipes, and substituting in place of it grammatical English; and, secondly, the abolition of the effete standards of quantity known as "apothecaries' weights." There is not a single objection of any moment which has ever been urged against either of these reforms, and the arguments in their favor are numerous and strong.

What, then, prevents their immediate adoption? First, the supineness and indifference of medical teachers, too indolent to learn and teach the new notation; secondly, the interest publishers have, and, through them, authors, in keeping old sets of plates, which would be less valuable were the notation changed; thirdly, the opposition of the less intelligent pharmacists, who are afraid of a change which would involve some intellectual effort to master; lastly, the medical profession itself has an amount of conservatism which is ever an obstacle to recognized progress.

All these elements of opposition are lessening, and we appeal to the profession in the United States to celebrate the year 1876, "the centennial anniversary" of our country, by the adoption of the decimal system.

A recent number of the Boston *Medical and Surgical Journal* contains an excellent editorial on the system, urging the members of the medical profession to act promptly and co-operate with the rest in the general movement to introduce the system into our country, as well in every branch of business, as it already has been introduced in science; and the very great interest felt in the subject by members of the profession at large shows that they are not destined to be behindhand in the good work. The Pharmaceutical Association has, as we have seen by the late reports of its proceedings, in the Reporter, also taken steps in the right direction, and everywhere the movement meets with hearty encouragement.

Few realize the extent to which the Metric System has already been adopted in the United States. Made legal by Congress in 1868, its use among scientific works is very general. It is used by the United States Coast Survey, the greatest of our public works. It is used in our most important college laboratories. It is used altogether by our analytical chemists, and largely by our physicians, and by all those who have dealings with foreign countries. The decimal subdivision of the foot is used by our engineers. The International Statistical Congress has adopted the Metric System. The International Social Science Association has adopted it, and exerts its great influence throughout every corner of the civilized world to render it uni-

versal. Other international conferences have been often called together for the special purpose of establishing this system in every land. Finally, the American Metrological Society, a body of learned and public spirited men, has been formed for the purpose of promoting the public welfare in this important particular.

## Notes and Comments.

### Salicylate and Carbolate of Quinine.

The *Chemist and Druggist* says that, in opposition to a statement by Schering, in the *Pharmaceutische Zeitung*, that salicylic acid forms, with quinine, a salt which is insoluble in water, soluble in alcohol, and not crystallizable, Julius Jobst, of Stuttgart, in a communication to the *Neues Rep. für Pharmacie*, says that an aqueous solution of quinine hydrochloride gives, with ammonium salicylate (from Kolbe's salicylic acid), a caseous precipitate, which may be obtained from alcohol, in beautifully formed prisms grouped compactly together. The same compound is obtained when an alcoholic solution of quinine is treated with a completely saturated alcoholic solution of salicylic acid, and the spirit allowed to evaporate slowly. Quinine salicylate is anhydrous; to Jobst's analysis, it yielded the formula $C_{20}H_{24}N_2O_2$, $C_7H_6O_3$. To estimate the quinine, the salicylate was dissolved in a little water containing dilute hydrochloric acid, and treated with ammonia. The precipitate was collected in a filter, and the alkaloid dissolved in the ammoniacal filtrate recovered by means of ether. In two experiments, 69.66 and 70.17 per cent. of quinine respectively were obtained, as against 70.12 per cent. required by the above formula. Quinine salicylate dissolves in 225 parts of water at 16°, in 20 parts of alcohol of 90 per cent., by volume at 13°, and in 120 parts of ether at 16°. Seeing that salicylate of quinine could be so easily crystallized from water, it occurred to Jobst that it might be used in place of the carbolate, which for some time has been in fair demand for medical purposes, though it has hitherto been met with in pharmacy only in a pulverulent form, and of varying composition and properties. He finds, however, that the carbolate of quinine may be obtained in delicate, needle-shaped crystals from water, as well as from alcohol. Dried at 130°, the carbolate, on analysis, yields numbers corresponding to the formula $C_{20}H_{24}N_2O_2$, $C_5H_6O$. It dissolves in 400 parts of water at 16°, in 80 parts of alcohol of 90 per cent., by volume, and in smaller proportion in ether. Assuming that the therapeutic properties of the two salts are similar, the preference should be given to the salicylate, on account of its greater solubility, but in any case only the invariable crystallized form of carbolate of quinine should be employed in medicine.

### Alterations of the Brain in Typhoid and Typhus Fevers.

Dr. Leo Popoff, of St. Petersburg, has lately examined microscopically the brains of twelve individuals who had died of typhoid fever, and in all he found changes of an acute inflammatory character, involving not only the walls of the blood-vessels, but also the neuroglia and the ganglion cells. There is proliferation of the elements which form the coats of the vessels, accompanied with a deposit of fat and pigment. The neuroglia is infiltrated with young cells, due to the repeated subdivision of its nuclei, and the ganglion cells are not only surrounded with wandering cells, which fill the so-called pericellular spaces, but are also penetrated by them. At the same time the nuclei of the ganglion cells undergo division, and the ganglia may become filled with smaller cells, which fall out in the course of microscopic preparation, leaving a number of perforations in the section. Wandering cells are found, not only round the ganglion cells, but also along the course of the vessels and the nerve fibres, but they are most numerous close to the ganglia.

### The Marriage of Blood-Relations.

Dr. Helliot has written a very interesting thesis on this subject (*De l'Influence de la Consanguinité*, Delahaye, Paris). In his conclusions, he rejects marriage between blood-relations up to the degree of cousin-german inclusively. The bad effects of consanguinity increase in proportion as the degrees of relationship approximate; and he afterward cites some cases of incest, whence there originated beings whose cerebro-spinal system was absolutely defective. M. Helliot has taken great pains to show to what extent the partisans of consanguinity have perverted the facts of statistics to their advantage. He has shown that

good results may occur in spite of consanguinity, but not as a consequence. The example of the Jewish race, so often quoted, is a bad one, since, according to M. Helliot, there is a remarkable predominance of deaf-mutism among that nation, an affection which is the most ordinary result of consanguinity. A defective argument has likewise been drawn from the breeding of animals, since, in that instance, breeding, by bringing together all the conditions favorable to the development of the individual, specially ends by creating a kind of artificial creature, in which certain excellencies of flesh or of swiftness predominate, but which cannot be considered as a creature worthily representing the qualities of the species Adverse statistics, and the most remarkable figures, are to be found in the writings of Boudin, which have been the foundation for nearly all other writers on the same subject. A large part of his work is devoted to the relation of cases which have come within his own knowledge, as well as of others borrowed from various writers. He remarks that individual observation has much value, often more than an inquiry quickly made in a given country. He concludes by deciding that there is no favorable degree of consanguinity.

### Dosage of Medicines.

In the section on Posology, in his useful little handbook on the art of prescribing, Dr. Handsel Griffiths says:—"No greater service could be performed by the colleges or the great medical societies, than the formation of a committee of competent men for the special investigation of the question of dosage; for it is a subject which is as yet only in its infancy, and the best knowledge which exists about it is undoubtedly confined to a very small section of the medical profession." The suggestion appears to us to be one of importance and interest.

### The Brunetti Method,

By which Mazzin's body was recently embalmed, consists of several distinct processes. First, the circulatory system is cleansed thoroughly, by washing with cold water till it issues quite clear from the body. This may occupy from two to five hours. Then alcohol is injected, so as to abstract as much water as possible. This takes about a quarter of an hour. Ether is then injected, to abstract the fatty matter. This occupies from two to ten hours. A strong solution of tannin is then injected. This occupies, for thorough imbibition, from two to ten hours. The body is then dried in a current of warm air passed over heated chloride of calcium. This may occupy from two to five hours. The body is then perfectly preserved, and resists decay, and the Italians exhibit specimens which are as hard as stone, and retain perfectly every detail of form and feature.

### The Limits of Microscopic Power.

Professor Abbe, of Jena, asserts that the limit of a microscope, in showing the structure of the tissues, and the character of minute objects, has now been nearly, if not entirely, reached—higher power than at present in use giving rise to optical phenomena which are likely to completely mask the structure and nature of the object under examination. These observations apply more especially to the marking of certain diatoms and striated muscular fibre. According, however, to the results arrived at by Professor Abbe, after prolonged and very careful investigations of the subject, by no microscope can structural parts be distinguished if they are so near to each other that the first bundle of light rays produced by diffraction can no longer enter the object simultaneously with the undiffracted cone of light.

### The Sunflower as a Preventive of Miasma.

A correspondent of the *Soil of the South*, writing from a place in Alabama, which he says was peculiarly subject to fevers, gives the result of his experience in the premises, and in not a single instance where he planted sunflowers around his negro cabins did their inmates suffer from fevers, while his wife, two children, and two house servants, all had fevers, he not having planted any of the sunflowers around his own dwelling, which, in his opinion, accounts for the difference in the results.

### Baldness.

In the *Klin. Woch.*, Dr. Pincus recommends weak alkaline washes to arrest baldness. Solution of potash (1 to 500) or of its bicarbonate (15 grains to the ounce), may be employed, two or three drachms being well rubbed into the scalp daily, and after a time less frequently. He continues the treatment for a year or more.

## Correspondence

### The Use and Abuse of Opium.

Ed. Med. and Surg. Reporter:—

Will you allow me, through the medium of your columns, to draw the attention of my medical brethren to the use and abuse of two of our most valuable therapeutic agents, morphine and opium. I am grieved to find that physicians possessing a supposed liberal education, and knowing full well the terrible effects of the continued use of the above named drugs, prescribe the same in the most reckless manner. I use the word reckless because I am bound to believe, from actual facts before me, that the above drugs are constantly prescribed for every simple ache or pain coming under their professional notice. In this village, possessing a population of certainly not more than ten thousand, and I believe, not even nine thousand, the quantity of morphine and opium consumed every year is simply appalling, being no less than the following:—

Morphia sulph., 1928 drachms.
Gum opium, 2296 ounces.
McMunn's elixir, 4680 bottles.

Or, as near as I can make it, for each inhabitant, taking the population at ten thousand.

Morphia sulph., 11.51 grains.
Gum opium, 111.2 grains.
McMunn's elixir, 211.10 minims.

I can count, within a radius of half a mile from my office, no less than a dozen morphine and opium eaters, and I am assured by the majority, that morphine was prescribed for their use by their attending physician, for some slight internal pain, and ordered to be continued whenever the pain returned. With the exception of one, or, perhaps, two cases out of the above, no chronic disease exists, except such as has been produced by the drug itself. Now, Mr. Editor, will you raise your editorial voice against this terrible crime, for crime it certainly is, to utterly destroy both body and soul of these poor victims? could you see them, sir, I am sure you would do so at once. Several of them have sold every article of any value they may have possessed, to purchase the drug, and, as you may well imagine, continue in most mortal agony if kept without, only for a short time, their accustomed stimulant. I would have written much more forcibly, but prefer leaving the matter in your hands, feeling assured that the facts I have here stated will procure not only yours, but the just condemnation of every thoughtful physician. In conclusion, please allow me to thank the following gentlemen, in this village, who have placed these statistics at my disposal—Mr. James Mingay and Dr. C. E. Gates.

Three other gentlemen own stores in this village, but refuse to give me any statistics whatever; yet I am perfectly safe in computing each of their sales equal to the largest amount sent in by one of the other gentlemen.

Charles C. Cranmer, m. d.

*Saratoga, Oct. 29th*, 1875.

[By a coincidence, this very subject had been brought to our notice from several sources within a few days before the receipt of the above letter, and an editorial on the subject was already upon our desk. It will appear next week. Ed. Reporter.]

### A Freak of Nature.

Ed. Med. and Surg. Reporter:—

I send you an account of an elephant pig. The facts, as related by Mr. Baxter, are these:—A gentleman by the name of Lysle Casey, living on the road leading from Richmond to Lancaster, Kentucky, owned a sow that had, not long before, taken the boar. On the 5th day of May, 1875, the great international circus and menagerie was passing the road. The sow was on the pike. The elephant came near her before she saw it. The sow was very much frightened, and ran into a pasture near by. At a reasonable time the sow littered eight pigs, six of them perfect. One had a proboscis and head like an elephant, with ears like an elephant, and a small mouth under the snout; the fore-legs very long, and the hind legs very short, with feet resembling more the elephant's foot than a pig's. The pig lived a short time, and then died. It is now in my office, preserved in alcohol, the property of Mr. Barfield, real estate agent. The other pig was very much decayed, but had four tusks, two inches long. These facts can be fully verified here. J. W. Bright, m. d.

*Lexington, Ky.*

## News and Miscellany.

### Philadelphia County Medical Society.

The next conversational meeting of the Society will be held Wednesday, November 10th, eight o'clock, p.m., at the Hall of the College of Physicians, 13th and Locust streets. Dr. Welch will read a paper; subject, "Are Croup and Diphtheria identical?" The medical profession are cordially invited.

### Holmes Co. (Pa.) Medical Society.

An adjourned meeting of the Holmes County Medical Society was held in Millersburg, in Town Hall, Tuesday, Oct. 5. Nearly all the physicians of the county were present. A very interesting paper was read by Dr. S. P. Wise, on "Measles and Scarlatina," and was freely discussed by members of the Society. After which, the following preamble and resolutions

were offered by Dr. J. Pomerene, and unanimously adopted:—

*Whereas*, The members of this Society, and others of the regular profession, have been in the habit of meeting, in consultation, quacks and charlatans, who exhibit to the people a diploma from a fraudulent institution, established for the purpose of making merchandise of diplomas to the illiterate; and

*Whereas*, Said persons present themselves to the public as equals to the members of the regular profession, who have obtained the honors of their respective institutions by diligence and close application to the study of all the branches pertaining to the science of medicine and surgery; and

*Whereas*, The recognition of charlatanism lowers the standard of the regular profession, robs it of its dignity, honor, and usefulness among the laity, as well as lowers the standard character, etc., of those who are proposed and qualified to take a stand among the honored ones of the profession; therefore,

*Resolved*, That we will not, under any circumstances whatsoever, consult with or recognize any one but those of the regular profession.

T. J. Guittard, M.D., *President*,
Geo. W. Lore, M.D., *Secretary*.

### Germantown Flower Mission.

The ladies of the Mission held their last meeting of the season on Tuesday, October 19. The reports of the work for the season are as follows:—From May 18 to October 19, 1893 bouquets, besides a number of potted plants and fruit, which were distributed among the different hospitals and to general uses.

### Items.

—The only objection to being hung which Brown, the St. Louis murderer, expressed, was the dread of dissection. His counsel asked him, can you say you are ready to die? He replied, if my folks would get my body I would not care. I do not want the doctors to have it. There has been a doctor here, feeling my muscles. His counsel said, I will see that the doctors shall not have it.

—A profossionally objectionable Chinese custom was carried out at Hong Kong recently. A native died, and his physician, also a native, was bound to the corpse until it was placed in the coffin. He was released, however, after enduring this punishment for his lack of skill for some time, upon the payment of a considerable sum to defray all the funeral expenses.

—The number of students at the Vienna University was 3917 in the last enumeration, 298 of them being foreigners, mostly medical students or physicians, who have their diplomas from their home institutions. During this winter 129 professors, 76 other lecturers, 33 assistants, and 6 teachers will lecture, having 13.75 hours a week.

—Sir Charles Bell, surgeon of Middlesex Hospital, was one day describing to a barber who was shaving him a patient's unsuccessful attempt to cut his own throat, and, on the barber's request, pointed out the anatomy of the neck, showing how easily the act might be accomplished. Before the shaving operation was completed the barber had left the shop and cut his own throat, according to Sir Charles Bell's exact instructions.

—The *Press*, of this city, in an article on the House of Correction, hits the local profession rather hard. It says:—A number of very fine physicians have been committed to the institution, and a few have entered it of their own accord, to escape the possibility of obtaining liquor. Several of these representatives of the medical fraternity have completely reformed. We hope so.

—In St. Mark's Library, of Venice, there is a manuscript of notes on medical subjects, in the handwritting of John Locke, who, it is known, once intended to practice medicine, but was very much averse to having it known.

—The artificial eyes made by L. Mueller, advertised in this journal by Dr. Theo. Roth, are decidedly the most natural and perfect we have ever seen. They contain no lead or other irritating matter.

### Personal.

—Dr. R. G. McWilliams, of Bethany, La., one day last month, placed a bottle on his head, and insisted upon some of his friends shooting at it. One or two shots were fired without any serious result, but finally a Mr. Stephens fired, but missed the bottle, and shot McWilliams in the head. He fell, remarking that it was a bad shot and he was killed, but that he did not blame Stephens.

—Dr. W. H. Pile, of Philadelphia, the well-known manufacturer of hydrometers, was very seriously injured by the explosion of a mixture of phosphorus, nitric acid, and bromine, with which he was trying to make phosphoric acid, according to the process recommended by Professor Markoe, of Boston.

—Dr. David Creel, probably the only surviving member of the jury which tried Aaron Burr for treason, is, at present, a resident of Chillicothe, Ohio, and enjoys excellent health, though over ninety years old.

—Dr. Charles S. Turnbull, whose letters have interested our readers during the past year, has returned from Europe.

—Dr. F. Woodbury has been appointed Recording Secretary of the Philadelphia County Medical Society.

—Our esteemed contributor, Dr. Ralph M. Townsend, has returned from Europe, in restored health.

—Prince Gortschakoff is trying the "grape cure," in Switzerland.

—In the Chicago Medical College, the chair of Hygiene has been made vacant by the resignation of Professor Thos. Bevan. Professor H. A. Johnson, having resigned the chair of Diseases of the Respiratory and Circulatory Organs, has been made a professor of Clinical Medicine.

—In Rush College, the chair of Anatomy, made vacant by the retirement of Professor R. L. Rea, has been filled by the election of Dr. Charles T. Parkes, the Demonstrator of Anatomy.

—Dr. Robert T. Edes has been appointed professor of Materia Medica at the Harvard Medical School, and Dr. William L. Richardson instructor in clinical midwifery.

## QUERIES AND REPLIES.

### Nasal Catarrh.

MR. EDITOR:—I would be glad to learn what remedies you have found of greatest value in chronic nasal catarrh. The books do not say much about it, and by the majority of country practitioners it seems imperfectly understood, and such cases prove very troublesome. I hope some of your correspondents who have had experience in the treatment of this disease will publish an article in the REPORTER. Very truly, H. C. FERGUSON.

*Dr. J. D. T.*—Sinapisms in urticaria have not been generally used. It is a new treatment.

## OBITUARY.

### DR. DANIEL EGBERT,

Medical Director of the United States navy, died on Sunday evening, October 24th, aged 77 years, from an attack of pneumonia. Deceased was one of the oldest surgeons in the United States navy, having entered the service as an assistant, August 21, 1829. Dr. Egbert was a native of this city, and was appointed to the medical service of the navy from this State. His name stood tenth on the list of Medical Directors on the Retired List. On the 21st of December, 1861, he was retired as surgeon, the rank of Medical Director being conferred subsequently. During his active service he spent thirteen years at sea. Since his retirement he had resided at No. 1335 South Broad street, where he died

### DR. EDWARD WALLACE,

Whose death is announced below, was born in Lancaster county. After practicing medicine near Churchtown, he removed to Reading, where he established a large practice. During the first administration of President Lincoln he was appointed Naval Officer in this city, holding the position until Andrew Johnson's accession, when he returned to Reading, continuing to reside there until about two years ago, when he again removed to this city, and became an attending physician at the Presbyterian Hospital, in West Philadelphia. He was a member of the Philadelphia County Medical Society (being Second Vice President), the Obstetrical Society, of Philadelphia, and the American Medical Centennial Association.

## MARRIAGES.

ANDREWS—BEIDLER. SHEARER—BEIDLER.—At the residence of the brides' parents, October 7th, by the Rev. S. M. Andrews, Miss M. Maggie, and R. H. Andrews, M. D., of Kulpsville; and by the same ceremony, Benjamin F. Shearer, of Dublin, formerly of Doylestown, to Miss Lizzie, daughters of Nathan Beidler, of Bedminster, Bucks county, all of Pennsylvania.

BIRCKS—RICK.—On October 12th, 1875, at the residence of his uncle, Rev. B. S. Small, Greenwich, Berks county, Pa., Dr. Jacob B. Bircks and Miss Annie M. Rick, both of Philadelphia.

BURNS—WAGNER.—On the 14th of October, at the residence of the bride's parents, by the Rev. Thomas Murphy, D. D., Dr. R. Bruce Burns, of Frankford, and Linnie, daughter of Jacob F. Wagner, of Philadelphia.

HUNT—EMERY.—In Barre, Vt., September 28th, at the residence of Mr. Webster, by Rev. P. H. Carpenter, Chauncey Hunt, M. D., of Worcester, and Jennie F. Emery, of Berlin.

MUHLENBERG—SNODGRASS.—On Thursday, October 21st, 1875, at No. 2103 Walnut street, by the Rev. F. A. Muhlenberg, D. D., Frank Muhlenberg, M. D., and Ada F., daughter of the late William T. Snodgrass.

NEVIN—FOX.—In Easton, Pa., on September 30th, by the Rev. Louis R. Fox, assisted by Rev. Jacob Weldman, Dr. Joseph P. Nevin, formerly of Shippensburg, Pa., and Eliza W., daughter of E. J. Fox, Esq., of Easton, Pa.

ROWLAND—WEAVER.—On the 12th inst., at the Methodist Episcopal Church, Media, Dr. Frank Rowland and Miss Annie Weaver, both of Media, Delaware county.

SCOTT—GENUNG.—At White Plains, Wednesday, October 13th, at the residence of the bride's parents, by Rev. V. M. Hulbert, uncle to the bride, W. J. Scott, M. D., and Lucy A. Genung, daughter of Rev. B. F. Genung, both of White Plains.

STREETS--WALKER.--By Friend's ceremony, Ninth month 7th, at the residence of the bride's mother, Thomas N. Streets, Assistant Surgeon U. S. N., and Priscilla, daughter of the late Thomas A. Walker, of Chester Valley, Pa.

## DEATHS.

ANDERSON.—In New York city, on Monday, October 18th, Euphemia C. Anthony, wife of James Anderson, M. D., in the 74th year of her age.

CLARK.—In Camden, October 16th, Dr. Charles F. Clark, aged 75 years.

GREENE.—On the 10th inst., after a protracted decline, Mrs. Anna D. Greene, wife of Charles Greene, M. D.

JONES.—In New York city, on Monday, October 18th, of apoplexy, Helen, wife of William W. Jones, M. D., and daughter of the late Andrew Bache.

LEAKE.—At Frankford, this city, at the residence of her father, on the morning of the 15th inst., Martha W., daughter of Dr. E. F. and Sarah C. Leake.

LEFEVRE.—In this city, on the 20th inst., Dr. Joseph H. Lefevre, aged 52 years.

RAYMOND.—On the 12th inst., at his residence in Flora, Ill., of hemorrhage of the lungs, P. J. Raymond, M. D., in the 38th year of his age.

SIMONTON.—At St. Paul, Minn., on the 2d inst., of chronic pneumonia, Isabella Chandler, wife of Dr. T. D. Simonton, aged 33 years.

TOOTHAKER.—On Sunday morning, October 17th, of diphtheria, Zetta Eunice, only daughter of Dr. Charles E. and Zetta E. Toothaker, aged 4½ years.

WALLACE.—In Philadelphia, Oct. 28, Dr. Edward Wallace, in the 61st year of his age.

WILLIAMS.—In Rome, Italy, April 3, Rev. Frederick W. Williams, only son of the late Dr. Merrill W. Williams.

THE

# MEDICAL AND SURGICAL REPORTER.

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## Original Department.

### Communications.

### NOTES ON ENGLISH OPHTHALMOLOGY.

BY SWAN M. BURNETT, M. D.,
Of Knoxville, Tenn.

The following notes are the result of observations made during a three months' attendance upon the Royal London Ophthalmic Hospital, and other of the principal ophthalmic hospitals in England.

They contain, perhaps, nothing startlingly new, and profess simply to give the methods of working, and show the slight differences in practice followed by the various gentlemen whose service it was my pleasure to attend. These, however, are points of no small moment in a science whose measurements are taken in fractions of a millimetre, and where the minutest detail of procedure becomes of the highest practical importance

In visiting the hospitals of the various countries, one cannot fail to be struck with the difference in the manifestation of eye diseases in each; and it is only by being aware of this difference, that one is capable of fairly appreciating the ophthalmic writings of that community or country. For instance, I could not understand why English ophthalmic authors gave so much attention to recurrent iritis, until I saw how common it was in their clinics, and how obstinate to treatment. And I must, also, confess to having had some skepticism as regards iritis depending on rheumatism, the so-called cases that I had seen at home being open to some doubt, there having been, in all cases, at least a suspicion of syphilis. But the numerous cases I have seen at Moorfields have satisfied me that there are cases of iritis so intimately associated with rheumatism as to force one to the conclusion that they both depend upon the same cause. The most striking difference, however, between the manifestations of eye diseases here and in America, I found to be in the small number of cases of

**Granular Lids.**

At Moorfields, as well, indeed, as at the other hospitals I visited, both in London and Manchester, it constituted but a small per cent. of the cases, while with us it makes, in some localities, especially in the West, one-half the number of cases presenting for treatment. And it is curious to observe that, while the English (and the Scotch too, I believe,) are in a large measure free from the disease, the Irish suffer most from it of any other nationality, as the records of our hospitals abundantly show. The native American is, however, very liable to it, while, according to my observation, the negro enjoys an almost complete immunity from it. These facts go to show that it is more largely a matter of race than of climate or condition. In the treatment of the few cases I saw, nitrate of silver was relied upon, principally; sometimes in the form of the mitigated stick, but generally in a solution of ten to fifteen grains to the ounce of water. Mr. Edward Nettleship, who was appointed by the Government to examine into the contagious ophthalmia of the poor-law schools, informed me that he had met with better success in the treatment of the disease with the nitrate of silver than any other remedy. The application of acetate of lead in substance, as recommended by Mr. Wells in his text-book,

he has found of no advantage, if not, indeed. pernicious. As would naturally be expected, among the badly fed and cared for poor, cases of

**Scrofulous Ophthalmia**

are exceedingly common. It generally assumes the form of phlyctenular conjunctivitis and keratitis. In the treatment of these Mr. Critchett uses atropine, and insufflation of calomel. with blisters to the temples, and in absolute cases, setons in the same locality. The ointment of the yellow amorphorus oxide of mercury is frequently substituted for the calomel. A tonic is also generally prescribed, and Mr. Hulke always directs cod-liver oil to be taken every morning.

In Mr. Hutchinson's service I saw many cases of

**Syphilitic Eye Disease,**

and especially those forms dependent upon inherited syphilis, which Mr. Hutchinson has done so much to elucidate. The characteristic "notched teeth" are not the only evidence presented by the unfortunate victim of the sins of his ancestors. Mr. Hutchinson pointed out numerous indications which will aid materially in confirming a doubtful diagnosis. One of the most marked of these is the prominence of the protuberances of the frontal bones on each side. In some cases they stand out like large exostoses, presenting an appearance which, when once seen, can never afterward be mistaken. A silken feel and appearance of the skin is also very often found in the subjects of inherited syphilis. All these manifestations are most marked in the first-born. As regards the notched teeth, he now lays more and more stress upon the single notch. We also saw in his service quite a number of cases of what he calls

**The Mercurial Teeth.**

A deformity resulting, as he contends, from the administration of mercury during childhood. It consists essentially of an absence of enamel, and is most evident in the first molars, if they are present, though they are generally gone. The dentine runs up through what enamel there is, in the form of turrets. The bicuspids are always sound; the incisors and canines are generally deficient in enamel, dwarfed, yellow, with wide spaces between. These mercurial teeth he has frequently seen associated with the notched incisors of inherited syphilis. In the treatment of cases of

**Inveterate Pannus**

there are two methods in vogue at Moorfields—inoculation and peritome. Some of the surgeons have entirely rejected the latter, as not reliable. Mr. Critchett and Mr. Bowman, however, both do it. I saw Mr. Critchett remove a ribbon one-eighth of an inch wide, in one case, but as it is months before any good at all is visible I cannot speak of the result. I saw, however, a case in which the operation had been done over a year, and the cornea was quite clear. Immediately after the operation the symptoms are much exaggerated. and it is only when the nerve begins to cicatrize that an improvement is manifest. When inoculation is employed, it also takes at least a year to have any considerable benefit. Mr. Critchett gave an instance where he had once inoculated with purely gonorrhœal matter. It was in a case where the cornea was a mass of vessels, not a speck of clear substance being visible. The man was given up as hopelessly blind, and Mr. Critchett was applied to for a certificate for admission into a blind asylum. It occurred to him to try this heroic measure as an experiment. He did so, and the result was, that the man is now a postman in the town about which he was formerly led as a totally blind man.

**Tobacco Amaurosis.**

The English ophthalmic surgeons, as a rule, have a great horror of tobacco, and according to my observation, not without cause. I am confident that the amaurosis and amblyopia arising from excessive smoking is much more frequent in England than in America. As the use of tobacco, however, is not more universal in the former place than in the latter, especially in the Southern States, the quality of the weed must have an important influence. The two kinds of tobacco which are most interdicted are the cavendish and the shag, and it is said that they contain the largest amount of nicotine of any of the brands. Moreover, these are the two brands in most general use among the common people. No benefit has been found to follow the hypodermic injection of strychnia in these cases, nor, indeed, in any form of nerve atrophy. The artificial leech was the newest fashion in the therapeutics of this affection at Moorfields, but as to its success I am not able to speak. Anomalies of refraction and accommodation receive their full share of attention at the hands of the Eng-

lish ophthalmologists. At Moorfields, they are worked out most carefully by Mr. Hulke and Mr. Couper. The former has just published, in the number of the *Ophthalmic Hospital Reports* for October, 1875, an analysis of one hundred and ninety-eight cases of

**Astigmatism,**

together with a ready method for examining and recording them. For a detailed account of how this is done, I must refer the reader to that paper. Suffice it here to say, that it is done in the usual way, by means of test glasses, except that the slit is dispensed with, and the usual fan-shaped series of lines placed at the customary distance of twenty feet. The patient is first asked to designate the direction of the line which is most distinct to the eyes unarmed with glasses. It is then determined whether plus or minus spherical glasses give an improvement in the sharpness of this line, and that which clears it most marks the degree of ametropia in that meridian. The patient is now instructed to disregard this line, and direct exclusive attention to that which is least clearly defined. Special glasses are again applied, and that which clears this line most gives the error of refraction in that meridian. These results can now be corrected and modified by the application of cylindrical glasses. This is a most handy method, when you know certainly the meridians of least and greatest refraction, but this is not always an easy thing to do. In the first place, if the patient is young, and the large majority of astigmatics who apply for treatment are, the accommodation is brought into play, and must more or less vitiate the result; and in the second place, even where the accommodation has been paralyzed by atropine, the patient, in looking from one line to another, finds great difficulty, especially if not very bright, in designating the most distinct or indistinct line. For the determination of the directions of the principal meridians, the ophthalmoscopic method of Mr. Couper is the very best with which I am acquainted. It is founded upon the observed facts that in using the inverted image in the examination of a myopic eye, as the lens is removed away from the observed eye the size of the image increases; if the eye is hypermetropic, as the lens is withdrawn the size of the image is diminished; if the eye is emmetropic, the size of the image is unaltered.

It is evident, then, that in an eye which is hypermetropic or myopic in one meridian, and emmetropic in the other, or hypermetropic in one and myopic in the other, if we gradually withdraw the lens, an alteration in the shape of the optic disk must take place. It must increase in size in the meridian that is myopic, decrease in size in the meridian that is hypermetropic, and remain unaltered in that which is emmetropic. For instance, if I find that, on withdrawal of the lens, the disk is drawn out obliquely from above downward and outward, and this elongation takes place by increase in the size of the disk in that direction, the diameter perpendicular to it remaining the same, then I know that that eye is myopic in the meridian obliquely from above downward and outward, and emmetropic in the opposing meridian. But if the elongation of the image of the disk is caused by a contraction of the diameter, obliquely from above downward and inward, the opposing diameter remaining the same, then I know that the eye is hypermetropic in the first meridian, and emmetropic in the last. Should the image of the disk under the experiment contract in one diameter and expand in the other, then I would know that the meridian of greatest refraction would correspond in direction to the diameter of greatest contraction, and the meridian of least refraction to the diameter of greatest expansion. Though it may look difficult upon paper, it is by no means difficult in practice, and the directions of the principal meridians can be determined with more readiness and accuracy, than by any other method within my knowledge. It will be seen, too, that this alteration in the size of the image of the disk, can be used in the determination of myopia and hypermetropia.

**Anæsthetics.**

As a rule, anæsthetics are administered when any operation involving considerable pain is to be performed. Mr. Liebreich, of St Thomas', however, I believe, never uses an anæsthetic under any circumstances. At least, I have seen him perform the most painful operations in ophthalmic surgery, without it. At Moorfields, and at the two clinics at Manchester, ether is used in preference to chloroform. Dr. B. Joy Jeffries, of Boston, did much towards the introduction of ether into general use in ophthalmic operations, by means of his paper, read at the congress of ophthalmologists that met at Lon-

don in 1872. At Moorfields a favorite plan with some, and especially with Mr. Critchett, is to begin with a few whiffs of chloroform and continue with ether. The chloroform, he thinks, prevents the spasm and excitement produced when the ether is used from the beginning. Mr. Hutchinson, on the other hand, says that the deaths from chloroform have generally taken place at the beginning of administration, and uses ether from the start. In young children, and in persons over sixty, they all consider chloroform to be safe, and use it in these cases because of its greater pleasantness and convenience.

### Squint.

A very large number of squint operations are performed annually, both at Moorfields, and at the Royal Eye Hospital at Manchester. At the former Hospital, all do the subconjunctival operation, except Mr. Wordsworth. At Manchester, Mr. Windsor, of the Royal Infirmary, and the surgeons of the Royal Eye Hospital, do the Gräfe operation exclusively, considering the subconjunctival method uncertain in its results. And it is true that at Moorfields one sees a considerable number of squint cases returning either with too much effect, or not enough. In the subconjunctival operation, certainly you have not the tendon so much under your control as in the Gräfe, and it seems to me that the slight sinking of the caruncle which follows the latter operation does not produce such a deformity as to justify the throwing away of its advantages in other particulars. I saw several cases of incipient squint, and cases where the result of division of the tendon had not been complete, treated successfully with glasses. This attention to the deformity in its early stages, and the correction of the error of refraction upon which it depends, by suitable glasses, must, in time, largely diminish the number of cases of confirmed squint, a consummation devoutly to be wished for.

### Abscission of the Globe.

Mr. Critchett does this operation in the manner first described by him some years ago, in preference to enucleation, in a certain class of cases. These are those instances of hydrophthalmus, where the lids and orbit have been much stretched and enlarged. If the whole eye is taken out, you have an enormous cavity, which even an artificial eye cannot wholly remedy. It is Mr. Critchett's custom, in such cases, to remove only the anterior portion of the globe, and he does it in this manner: He introduces three stout curved needles, armed with ligatures, into the superior surface of the globe, behind the ciliary region, and pushing them through, brings their points out below, in a similar position. You have thus a "pattern mapped out," as Mr. Critchett says, and you can remove the piece easily, and in the precise manner you wish to. After the "pattern" has been excised, either by means of the knife or scissors, the needles are drawn through, and the ligatures tied. You will then find that you have a clear linear wound, with its edges nicely coapted, which heals kindly and well. Of course, if there is any probability of sympathetic affection of the other eye, enucleation is to be preferred to this.

### Sclerotomy.

I saw Mr. Bowman make this operation, lately recommended to relieve glaucoma, once, and with a satisfactory result, as far as the relief of intra-ocular tension was concerned. He introduced a Gräfe knife at the very periphery of the anterior chamber, and traversing it just in front of the anterior surface of the iris, made a counter-puncture through the sclerotic, but not through the conjunctiva. He then divided the sclerotic, by turning the knife upon the point of puncture as a centre, and following the curvature of the globe around to the place of entrance, leaving the conjunctiva intact. The sclerotic was divided to about one-third of its circumference. I saw the patient several weeks after the operation, and the edges of the sclerol wound were separated to about the extent of a line, and the iris had been drawn to some extent upward, into the wound; tension much diminished. Unfortunately, the eye was an old glaucomatic one, and vision was entirely lost, the operation having been done solely for the relief of the pain and tension.

### Cataract.

The operation mostly done at Moorfields is the Gräfe, though almost every individual operator makes some slight modification, to suit himself. As a rule, I think that the incision is not made so peripherally as recommended by Gräfe. At Manchester, Mr. Windsor follows Gräfe very closely, while at the Royal Eye Hospital, Dr. Little and Dr. Glascott make the incision to lie entirely in the cornea. Those who do the corneal incision contend that the

danger of escape of vitreous is much lessened, and the risk of sympathetic trouble of the other eye, from wounding of the ciliary region, which has come to attention within late years, is largely diminished. Of late, Mr. Critchett does what he calls the "Brussels" operation quite frequently. He reserves it mostly for those cases where he does not, from any cause, give chloroform, as it is the least painful of any of the methods, and where he does a double operation. With that commendable conservatism which is characteristic of English surgeons, he says he wishes to give his patient every chance, and his observation having taught him that in the Gräfe the eye always "comes to grief," by plastic inflammation in the form of iritis, while in the various forms of corneal incisions the eye is lost by suppurative inflammation of the cornea; and since he has never seen both forms occur in the same person, he "divides the chances," and does a Gräfe in one eye, and a corneal flap in the other. He is thus pretty sure of at least one good eye. The "Brussels" is the "curvilinear" incision, first brought forward by Warlomont. Mr. Critchett, as I said, does it without chloroform, and seldom uses either a lid speculum or fixation forceps. He wishes to do as little violence to the eye as possible. The knife is entered about opposite the upper edge of the undilated pupil, and when the counter-puncture is made, brought upward in a curvilinear manner, the incision making the segment of a circle about twice the size of the cornea. The apex of the flap lies about two or three lines from the corneal margin. There is no iridectomy made, but the capsule of the lens is divided through the pupil, and the lens expelled by pressure made from below. If the iris gets entangled in the wound, it is freed by circular rubbing of the eye over the closed lids. After the operation he usually instills a few drops of physostigmatine, to insure a good contraction of the pupil, and to prevent the iris from falling into the wound. When this operation is successful, it gives the most nearly perfect result of any operation for cataract that has yet been devised.

In lamellar cataract, Mr. Critchett does not employ *iridotomy* as practiced by Wecker. He considers it as too risky when the lens is *in situ;* but I have seen him divide the iris with scissors, in cases where the lens was absent. In these cases of zonular cataract he usually makes that form of iridectomy first employed, I believe, by himself. He makes the incision in the cornea, a little in front of its margin, with a broad needle, and introduces a small blunt hook, and drawing out the iris, snips off a small bit of the pupillary margin, and then returns the remaining portion. This gives a small pear-shaped pupil, with the apex towards the periphery of the iris, the very best form for visual purposes. I saw Mr. Windsor, of Manchester, perform iridotomy for zonular cataract in one eye, and Critchett iridectomy in the other, and the form of the resulting pupil in the latter was quite as good as in the former, while the dangers of the two operations are not to be compared. Mr. Critchett still does *iridodesis* in those cases where there is a leucoma behind which the old pupil can be drawn. Several of these cases that I saw resulted most admirably.

**The Museum**

of Moorfields presents as fine a field for the study of ophthalmic pathology, as is to be found at any place in the world, perhaps. It was my privilege to work almost daily in it, with the accomplished curator, Dr. Brailey, and the material was astonishing, no less by its quantity than by its variety. It is a pity that the trustees of the institution do not take steps to have it more thoroughly worked up. One man, even if he could give his undivided time and attention to it, could not do the work as it deserves to be, and much less can one man, however well qualified, do it justice, who is employed to devote only a portion of his time to it. Mr. Nettleship, the former curator, however, accomplished a great deal of valuable work during the several years he was curator, and Dr. Brailey, the present incumbent, though only recently appointed, has worked up some very important and interesting material, as the reports for 1875 show. Dr. Pagenstecher obtained much of the material for his "Pathological Atlas of the Eyeball" from here.

In conclusion, I cannot forbear to express my appreciation of the universal kindness with which I was received, and the interest taken by all in demonstrating any peculiarity of practice, and showing cases of novelty and importance.

—Professor Luigi Porta, of the University of Pavia, so well known for his great work on Diseases of the Blood-vessels, and numerous other contributions to medical science, has died.

# Hospital Reports.

## JEFFERSON MEDICAL COLLEGE.

CLINIC OF PROFESSOR GROSS, Oct. 13th, 1875.

REPORTED BY FRANK WOODBURY, M. D.

### Neuroma of Stump, Requiring Re-amputation.

Gentlemen:—This unfortunate man has already been before the class, complaining of a painful stump, consequent upon amputation of the forearm eight months ago. The injury, caused by a coal-oil explosion, was of such severity as to require removal of the extremity just above the wrist joint; it was, as far as I can learn, well performed, and in no way to be blamed for the subsequent trouble, for which he came to me some time afterward. He is tormented constantly with severe neuralgic pain in the stump, which is wasted and cold; it shows disordered nutrition and innervation, in fact, all the functions of the part are poorly performed. An irritative cough, accompanied by some mucous expectoration, annoys him, particularly at night, without any marked physical signs in the chest to account for it. He has had this discomfort and suffering for five months; he cannot sleep, he has lost his appetite, and the constant strain upon his nervous system has made him thin and weak. He has taken quinia in full doses, alone, and in combination with all kinds of anti-neuralgic remedies, strychnia, iron, and arsenious acid, without relief. Anodyne lotions have also been used, but did not remove the pain. Excision of the trunks of the nerves in the forearm was afterwards performed, but no lasting benefit has resulted to the patient, who is still suffering.

Following an amputation, no matter how skillfully performed, there will occasionally occur a disorder of the large nerves of the stump, owing to degeneration of their structure, with bulbous expansion of their terminal extremities, and severe pain. Exactly why this should take place, I am unable to say, but it is supposed that the nerve substance, or the neurilemma, becomes the seat of inflammation and deposit of plastic material, which, pressing on the primary filaments, prevents the passage of the nerve fluid and causes neuralgia. These swellings are neuromata, and the suffering caused by them must be distinguished from that occurring in the ordinary painful, irritable, or sensitive stump, which may be due to various conditions. A curious circumstance in this connection is, that shortly after amputation of an extremity, the patient, as an almost invariable rule, suffers from pain in the amputated part, in the foot or the hand. The only rational explanation of this is found in the fact that the brain and spinal cord manufacture the same kind of nervous fluid after the operation as they did previously, and it is discharged from the central nervous system in precisely the same manner, and in the same quantity, as before, these parts, at first, not taking cognizance of the change. The fluid being transmitted, produces the same sensation as if the extremity were still there; in fact, it is generally several months before the system becomes accommodated to the altered state of affairs.

The only method of treatment left in this case is amputation, which is perfectly justifiable under the circumstances; the man can certainly be assured of relief from his neuralgia for some time; whether it will return in the new stump, or not, I am unable to say, but the fact of this tendency having already been manifested by the nerves, would render its re-appearance more than probable. To avoid this as much as possible, the safest point at which to amputate will be above the elbow. Of the two methods, the circular and flap, although they are both well calculated to make a good stump, I here prefer and will perform the circular operation, because in it subsequent trouble with the nerves is less likely to occur; but even when lateral flaps are made, it is the custom to retrench the nerves on a level with the bone.

The man being greatly debilitated, anæsthesia will be induced by ether. I have no doubt he would bear chloroform quite as well, but I prefer to be on the safe side; and will, further, apply the elastic bandage, to save him as much blood as possible. This being removed, and the patient ready for the amputation, I take a catlin and girdle the arm with an incision, which merely penetrates the skin; this is then everted, like the cuff of a coat sleeve, and the muscles and bone successively divided at a higher level, the nerves being drawn down and cut off as far up as possible. The cutaneous flaps appear redundant, but allowance must be made for contraction. The bleeding points having been secured by ligatures, the edges are brought together by the interrupted suture, and supported by adhesive strips; a piece of lint, wet with olive oil, placed on the wound and retained by a few turns of the roller, completes the dressing, which will be the only one used in the subsequent treatment. As soon as he recovers from the ether, he shall have a third of a grain of morphia by hypodermic injection. His treatment will be supporting and restorative, with milk punch, beef essence, and the most nutritious diet that his stomach can digest: pain will be relieved by anodynes.

Upon dissecting the amputated portion of the arm, Dr. West found several distinct nodules upon the median and ulnar nerves, near their extremities, which were also somewhat enlarged. The specimen was exhibited to the class. In presenting the patient, seven days after the operation, Prof. Gross said:—"The case has progressed exceedingly well, his appetite is better, his cough is diminished, and being relieved of pain his general health has greatly improved. The flaps have united throughout the greater part of their extent, but there is some little suppuration. It would be unreasonable to expect primary union throughout the whole of the wound, in a case where the

system is so much deteriorated as it is here; but he has a very good stump, and the flaps are not redundant. He has had no more neuralgia, and is discharged to day, as he wishes to return to his home; the change, I think, will be beneficial."

**Necrosis of Femur, with Constitutional Taint.**

The next case is that of a boy of fourteen, who has been suffering for ten years, with necrosis of the femur. There is now fibrous anchylosis of the knee, with contraction of the hamstring muscles, particularly noticeable in the tendon of the biceps; several sinuses also exist, one opening on the inside of the thigh, and one or two more in front. He has also a spot on the right arm, apparently connected with disease of the humerus, and there are several other such scars on the body; all of which conclusively show that he is laboring under some general or constitutional disorder. His father positively denies any syphilitic taint, but this inquiry may well be pushed.

The trouble here is incident to what is generally termed the scrofulous, or strumous diathesis. I cannot, however, exactly state what is definitely meant by this term scrofula. In a great many cases, in my experience, at least, it has been found to be connected with syphilis, as a remote outgrowth from it. The disease was not simply traumatic in its origin, because it would not then be likely to cause these scars in remote parts of the body, unless pyæmia, with secondary abscess, had followed the injury; but this is a rare complication, and not liable to occur except under certain conditions, or unless the patient is very feeble at the time of receiving the wound.

Having administered chloroform, the parts are now exposed, by cutting down upon them, taking a sinus as our guide to the dead bone, several pieces of which are then removed by the chisel and the gouge. Much patience and perseverance, and considerable skill in manipulation, are required to effect a clearance of all the diseased structure, including the diseased bone, old granulations and margins of sinuses; after which the wound is carefully syringed out with water. As the operation is usually a bloody one, the elastic bandage is employed. This, which was introduced by Esmarch, of Kiel, is simply an improvement upon an expedient or procedure that had been practiced in this city for many years, than which it is somewhat more effective. All the component elements of the part are in a state of induration, from inflammatory deposit in their intimate structures, so that the arteries when cut cannot retract, but remain with open mouths, from which there often occurs troublesome hemorrhage.

A wet dressing will be applied to the wound, and the patient ordered a full diet, with alterative treatment.

One week later the wound had a healthy appearance, and was furnishing a great quantity of laudable pus, showing a tendency to repair. At this time he was brought before the class, in order to perform tenotomy of the hamstring muscles, and to break up the adhesions in the knee-joint. This was done successfully under chloroform, and a cloth, to be wet in a cooling and anodyne lotion, was ordered to be frequently applied to the articulation. The following alterative tonic was given:—

℞. Ferri iodid, gr.ss
Hydrarg. chlor. cor., gr.$\frac{1}{10}$
Ext. cinchonæ, gr j. M.
Ft. pil. Sig. Three times daily.

**Necrosis Following Gunshot Injury.**

For eleven years this man has had disease of the left humerus, from a wound received during the war, but there has been little, if any, impairment of his general health; in fact, he complains more of the discomfort and inconvenience attendant upon the constant discharge and stiffness of the elbow, than from actual suffering. There are several sinuses and the scar of the original wound, visible on the anterior aspect of the arm, just above the articulation.

He is unable to say whether or not part of his clothing might have been carried into the wound by the bullet, but thinks that the ball itself came through entire. A probe introduced into one of these sinuses, comes in contact with necrosed bone, which we will remove so as to allow the parts to get well.

It is a great wonder to me that the man should have endured this annoyance for eleven years, when the operation might have been performed, and the patient cured, long ago; he must be either very patient or very timid, or, perhaps a little of both.

The bone forceps, chisel and gouge that I shall employ, are instruments that have been in use for twenty years; they are homely but very useful tools. In addition to these an elevator may be needed to lift the dead bone, and a scraper for cleansing the bone cavity, similar in design and use to the one which the dentists have to scrape out carious teeth. These bone pliers were depicted by Scultetus, in the seventeenth century; they were subsequently reintroduced to the notice of the profession by Mr. Liston, of England, and are sometimes known by his name. Truly, there is nothing new under the sun. Many of our discoveries the ancients were familiar with; even the speculum, that has been so much employed of late years, was known to them, and may be seen pictured on the walls of Pompeii and Herculaneum.

As in the previous cases, after the patient had come under the influence of the chloroform, the limb was emptied of its blood by the elastic roller, which blanches the parts and simplifies the subsequent operation. The parts were very indurated, and the dead bone is found to be incarcerated. The diseased structure having been fully exposed, the necrosed bone was removed in several large pieces; in doing which the tendon of the biceps was laid bare, but the artery was not wounded. As there was considerable oozing, the wound was packed with patent lint, and dressed with a strong solution of lead.

These are ugly cases to operate upon. If the surgeon should accidentally wound himself by pricking the skin of his hand with a spicule of this dead bone, he would very probably have either erysipelas or pyæmia. This occurred to Sir James Paget, a few years ago, when operating upon a similar case, at St. Bartholomew's Hospital, in London, and he suffered from its effects for more than a year afterward.

[The patient, the next day, had high fever with delirium, which subsided rapidly after the plug was removed, and the wound encouraged to suppurate freely by emollient poultices. He was given nourishing food, drinks and tonics, and the following pill, three times daily:—

| | | |
|---|---|---|
| ℞. Quiniæ sulphat., | | gr.ij |
| Ferri " | | gr.iss |
| Morphiæ " | | gr.$\frac{1}{12}$. M. |

He was directed to walk about in the fresh air, and in a few days was discharged, cured.]

**Case of Nævus Maternus.**

On the forehead of this baby of eight months you may see a red spot, which expands as the child cries. This was noticed by the mother, when the baby was born; it was then merely the size of a pin's head, but has since steadily increased.

The vessels and connective tissue of this tumor are in a state of chronic dilatation and enlargement, so as to admit of more blood than normal. It is similar in structure to the wattles of a turkey, and is formed of erectile tissue, like that found in the cavernous bodies of the penis and clitoris. An affection, generally of congenital origin, it is often seen upon the forehead and cheeks of infants, for, although it may appear anywhere on the body, it is most liable to occur upon the features; and is rarely seen after the years of childhood. The affection is an angeioma, the color of which may vary from a bright red to a bluish purple, depending upon the relative amount of the arterial and venous elements entering into its composition.

Various expedients have been adopted in treating this disease, having for their common object the occlusion of the vessels, and stopping the supply of blood to the tumor. Vaccination directly upon the diseased spot has been successful, by causing inflammation and plastic deposit, in cases where the affection was limited to a small area. The injection of styptic substances, electrolysis, cauterization by the galvanic loop or the actual cautery, and numerous other methods, have been recommended. I am accustomed, generally, to adopt the following simple procedure, in which no anæsthetic is needed: Transfixing the base of the growth with two hare-lip or acupressure pins, introduced at right angles to each other, the tumor is encircled by a stout, silk ligature, slipped under their free ends, and drawn, with all possible firmness, so as to strangulate the part, and thus produce mortification. The pins have their points cut off after the operation, and are finally withdrawn at the end of three or four days; the slough soon separates, leaving a granulating surface. This is a simple operation when the tumor is small, but a formidable one when the reverse is the case.

**Phimosis.**

This young man, twenty-two years of age, complains of some trouble with his foreskin; when the penis is erect, the prepuce is so much constricted that it cannot be retracted. Although the tissues here are somewhat redundant, there is no necessity for circumcision; the trouble is in the mucous membrane, which is contracted so as to form a band or ring of unyielding tissue in front of the glans. This might be ruptured, and the mucous membrane stretched to the desired extent by the blades of our polyp forceps; but we will in preference adopt the more effectual plan of inserting a grooved director, being careful not to introduce it into the urethra but simply under the prepuce, and with a curved bistoury slitting it up as far back as the corona. The corresponding edges of the mucous membrane and skin are then brought together with a few stitches, to promote cicatrization, and give proper shape to the parts. The only subsequent treatment needed will be simple water dressing, and rest for a few days. Cold water makes an excellent application for such cases; when the wound is large, some acetate of lead may be added to it, in order to obtain a slight astringent effect.

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## HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

### SERVICE OF PROF. D. HAYES AGNEW.

Reported by De Forest Willard, M. D.

**Hydrocele, Varicocele, Hernia, etc.**

Gentlemen:—This clinical amphitheatre, and the wards of this hospital, are to be, pre-eminently, the places in which your tact in diagnosis is to be taught and exercised. In furtherance of this object, I therefore, this morning, group together a few instances of *tumors of the serotal region*, which are, fortunately, in attendance, and shall proceed to show you that the diagnosis is not difficult when certain laws are followed. That mistakes do occur, however, is demonstrated by the fact that few weeks elapse during which patients do not present themselves at this hospital, whose complaints have evidently been mistaken by physicians whose judgment is considered sound upon ordinary medical matters.

I show you, here, several patients. All of them present enlargements of the scrotum. Suppose that any of them had come to your office, for what would you naturally look? You would say to yourself, the ordinary tumors of this region are, a dropsical accumulation of serum in the tunica vaginalis testis, hydrocele; an enlarged and tortuous condition of the spermatic veins, varicocele; a descent of the intestines through the abdominal rings, hernia;

an inflammatory condition of the testicle or its appendage. orchitis or epididymitis ; or a diseased condition of the testis itself, either cancerous, sarcomatous, syphilitic, scrofulous, or benign, a sarcocele. Suppose that it was this first case. Imprimis, you notice that the tumor is very large, and that it is moderately heavy ; that it is smooth, tense. and elastic upon pressure ; that when pressed back between the thighs, it rebounds as though attached to a spring, with a hinge-joint at the base; that coughing produces no effect upon it. and you will learn, by inquiry, that it commenced slowly, has gradually progressed upward. and has been entirely painless. Should any doubt still exist in your mind. you would take him into a darkened room. where, by holding a candle upon one side of the tumor, and cutting off the rays of light from your eyes by means of a book or other object. you would be readily able to testify that it was translucent. I cannot show you this procedure in the clinic room, but I can do something which is even more positive, and that is to puncture this sac with an exploring needle, a measure which should never be neglected in doubtful cases. You see the drop of straw-colored fluid which oozes along the groove of the needle, and I need hardly say to any of you, that these symptoms can only indicate a hydrocele. Its diagnosis is complete. as you will see, when I show you the remaining cases. The only malady with which it could properly be confounded, would be a hydrocele of the cord ; but this is usually of smaller size ; is more limited and distinct in its outlines. and is situated higher up in the scrotum. With these differences, the symptoms of both affections are quite similar.

Now, for comparison, look at the second man ; and an interesting case it is, as it gives me the opportunity of showing two diseases in the same person. You will notice that both sides of his scrotum are about equally enlarged. But note the characteristic differences. I place my hand upon the left side ; there is no tense. elastic tumor, as in the first case, but a mass of toughened cords, not inaptly described as resembling a bundle of earth worms. They roll about under the finger, and when I compress the whole mass, it speedily diminishes in size, only to enlarge again, the moment that pressure is removed. Sudden acts of inspiration have no effect upon its contents, and the man states that it gives him no pain, save a sense of heaviness and weariness in the part, extending along the genito-crural nerves to the back. The testicle is plainly distinguishable, and is of normal size.

On the right side there exists a different state of affairs. The scrotum presents a full rounded appearance, from the external ring to the testicle, and the whole mass is doughy and inelastic. Coughing imparts a distinct succussion to the hand, and the patient informs us that the tumor first made its appearance just at the junction of the external ring, and that it steadily descended. Pressure upon this ring causes the left side to increase in size, but the right, subjected to the same procedure, remains unchanged. The man will now lie upon his back, and note what happens. The mass upon the right side disappears suddenly, and if you had been by his side you might have discerned an audible gurgle. The left subsides more slowly, but now it has also very sensibly decreased, and both sides are soft and flaccid. You all know that he has a variocele upon one side, a hernia upon the other. But there is one more important diagnostic point. I gently occlude the ring upon either side with a finger, and bid the man to rise. The left slowly fills and enlarges, the right remains unchanged ; we cannot be mistaken.

Suppose that the two diseases had existed upon the same side. Still there would have been no difficulty ; all that is necessary. is to isolate the tumors and the symptoms, exercising a little thought and judgment, and all is easy. So, also. in the case of a coexisting hydrocele and hernia, which is a very possible condition. The symptoms already described as belonging to each, are sufficiently diagnostic, for after you have returned the hernial contents to the abdomen, the serous accumulation still remains, and even in irreducible hernia, I believe that you would not make a mistake, provided you use all the means of diagnosis of which I have spoken. Remember that the exploring needle is an exceedingly useful little instrument, and that the puncture. even of a hernial sac, is a matter of no importance.

Hematocele, another form of fluctuating tumor found in this region, is usually the result of violence, is not translucent, and yields a bloody fluid when punctured with an exploring needle.

A cystic tumor of the testicle itself will sometimes lead you astray, unless caution is exercised, as will, also, disease of that organ in which a hydrocele is found. in consequence of the pathological condition. The history of such cases is an important element in diagnosis, since you will usually find that there has been pain for many weeks, and that the testis is tender. It is also enlarged, and cannot always be outlined, while in simple hydrocele, the organ is always found beneath and posterior to the sac, and of normal size. In cancerous disease the fluid is bloody, and the history is decisive in connection with palpation. There are instances of ordinary hydrocele, in which the serum becomes bloody from rupture of little vessels in the sac, in which case the tumor would be non-translucent, but would present all the other symptoms of hydrocele.

The next case which I show you is a little child, four months old, who also has swelling in the same region. The history given by the mother is to the effect that this has existed since birth, and is steadily increasing in size. I institute the same manipulation as in the previous cases, and easily determine that there is no hernia present. The characteristic symptoms of a hydrocele already mentioned are all present ; the mass is translucent, and we can exclude every tumor save congenital hydrocele,

which differs from others in the fact that the serous membrane has never been detached from its original parent, the peritoneum, and we must be more careful in treatment, that too violent inflammation be not awakened in the membrane.

The fourth case presents an entirely different history. He states that he has never had syphilis, but that his testicle commenced to enlarge about four months since. That the accompanying pain has been severe, and is now almost intolerable; that he has lost flesh and strength, and that sexual desire has almost disappeared. I take the tumor in my hand, and at once distinguish that the lower portion of the scrotum is occupied by the testicle, but that it is greatly enlarged, extremely sensitive, and very solid and firm, almost stone-like. Above this, however, is a fluctuating, elastic tumor, which is not translucent. A few questions and manipulations, as before practiced, exclude hernia or varicocele, and we can decide, almost certainly, upon the existence of a serious disease of the testicle itself, probably cancerous, accompanied by a bloody serous accumulation in the vaginal tunic. The inguinal glands are enlarged and tender.

I have but one more patient to show you, and as his symptoms are identical with those presented in the second case, you know at once that he has a varicocele. Now you will notice that this disease is, in both instances, upon the left side, and if I should introduce a dozen, you would probably find that nearly if not quite all of them presented the same peculiarity. The explanation of this was formerly referred to various theoretical causes, until 1856, when the matter was satisfactorily and anatomically settled by Brinton, of this city, in the discovery of a very perfect valve, hitherto unnoticed, at the termination of the right spermatic vein in the vena cava, while upon the left side no such valve exists at the termination of the spermatic in the emulgent or renal vein, (*vide American Journal of Medical Sciences*, July, 1856). Such being the case, you can easily understand how an unsupported column of blood must tend to produce serious dilatation in a mass of veins so tortuous as are those of this pampiniform plexus, fed, as they are, by the three arteries of the cord, the spermatic from the aorta, the artery of the vas-deferens from the superior vesicle, and the cremasteric from the epigastric.

The principal causes of the affection are constipated bowels, an improper fitting truss, or an inflammatory deposit along the course of the cord.

But what shall we do for these patients? The first has a hydrocele, and the little child has a similar trouble. In the latter case we will order a liniment of ammon. mur., gr.xx to f.℥j, thoroughly rubbed over the part twice each day, for three weeks. Should this not succeed in producing absorption, we will then puncture the tumor, drain off the liquid, and carry through the sac one or two silk strands, allowing them to remain in position about thirty-six or forty-eight hours, *i. e.*, until they have produced considerable inflammation, but not sufficient to endanger the peritoneum.

The man is prepared for a radical cure, having already several times tried the palliative method, *i. e.*, that of merely evacuating the sac. We, therefore, puncture the tumor with a trocar, keeping the testicle held back out of the way, and thrusting in the instrument with a sharp, quick manœuvre. A pale yellow fluid flows freely, until all is drained away, when two drachms of *undiluted* tincture of iodine are thrown in and *allowed to remain*. To the neglect of this last step is frequently attributable a failure in the cure, but if strictly carried out, I may safely say that no case is incurable. In very large hydroceles, three drachms may be required, but great care should be used that all the serum is first emptied, otherwise the iodine becomes diluted to such an extent as to become almost ineffectual. Another mistake, frequently made, is to subdue the excited inflammation by cooling lotions, etc.; this is not only unnecessary, but frequently harmful, as the cure can be accomplished only by an inflammatory exudation, which should consequently never be checked, unless exceedingly severe.

The pain, at first, will be very intense along the course of the genito-crural nerve, but if the patient remains in bed for a few days this ceases, and in ten days a cure is completed.

In the varicocele cases the symptoms are not pressing enough to demand operative interference, and a suspensory will, therefore, be advised, not one which will draw the testicles too firmly against the pubis, but merely keep off all strain and tension, relieve congestion and irritability. Locally, we shall order a wash of muriate of ammonia, alcohol, and water, to be used twice daily, with cold bathing, light suppers, etc.

The hernia will need an accurately fitting truss, in order that the bowel may never protrude, the instrument being adjusted before he rises in the morning and removed after lying down.

In the case of the tumor of the testicle itself, castration will be the only treatment promising any relief, and even that may prove but of temporary benefit, provided the microscope proves the disease to be cancerous, as I greatly fear it will.

## Medical Societies.

### NORTHAMPTON COUNTY, PA., MEDICAL SOCIETY.

Easton, October, 27, 1875.

The Northampton County Medical Society held its fall meeting at Bethlehem, this afternoon, with Dr. Amos Seip, of Easton, President, in the chair.

The object of greatest interest was the report of the committee, appointed at the summer meeting, at the request of the State society, to secure the enforcement of the Act of the Legislature, relative to the illegal practice of medicine, surgery, and obstetrics, adopted April 12, 1875, from which we glean the following: Four men we found, who would come under the provisions of the Act, and were duly informed by the committee, three of whom treated the matter lightly, while the fourth expressed ignorance of the law, acknowledged that, under its provisions, he was practicing illegally; that he would stop, attend another course of lectures, and endeavor to secure a degree. Complaint was entered against the others, who were held in bail for five hundred dollars each, to appear at Court. One of these was an electrician, and the Grand Jury, instead of entertaining the question as to the fact of the man practicing, whatever it might be, rather investigated the subject, whether electricity was a medicine, or rather, whether a person using the electrical treatment alone could be considered to be practicing medicine. They decided in the negative, since, as one of them afterward expressed it, 'it could neither be bottled nor put in powders,' and, as a result of this decision, ignored the bill, the complainants to pay the costs, between ninety and a hundred dollars.

"Another, through his counsel, made application for an examination, according to the provisions of the Act. The Court appointed Drs. Traill Green, John Sandt, and Isaac Ott, all members of the County Society, who, after a careful examination, gave him a certificate.

"Against the third, a true bill was found, and the case postponed for some three weeks. The case being called, the defense tried to quash the indictment, but failed. They then moved for a bill of particulars, which was granted. The evidence clearly elicited that the defendant was not yet twenty-four years old, that he was rejected by the University of Pennsylvania, in the spring of 1872, both in the regular examination, and in 'omnibus.' But that on April 1, 1870, he had entered into partnership with his brother, a physician (?) who advertises to cure everything by inhalation, for the practice of medicine. Previous to this, he was professedly studying with his brother for eighteen months (nearly half of which, however, was spent in pursuing a 'literary course' in one of our colleges, into which nothing medical, not even chemistry, entered, and an eight weeks' run in the lecture rooms of the Jefferson College, and University of Pennsylvania), and since his rejection has had an office in South Bethlehem, where he practiced medicine. The jury returned a verdict of not guilty, and divided the costs.

An appeal to set aside the verdict, and asking for a new trial, has been entered, for, among other reasons, that part of it, at least, was directly contrary to the charge by the judge. Although the results seem to be so meagre, yet this trial has gained, at least, in favor of the law, the following judicial decisions:—

"1. That the law itself is constitutional.

"2. That the defendant, although qualified to practice, and was actually practicing under the Act of 1869, had not a vested right, thereby, to practice, such as the Legislature could not take away.

"3. That the statute itself is complete in all its parts, and that an attempt to practice without complying with its conditions is a misdemeanor, punishable by fine and imprisonment.

"4. The form of the bill of indictment was sustained, and it was judicially determined that the proof would be complete, by showing that the person opened an office, and attended patients as a business, and gave prescriptions."

And one of the leading lawyers of the district says: "The charge of the presiding judge was clear and to the point, and the failure to convict was the plain disregard by the jury of the evidence."

The report of the committee was received, and an assessment ordered to defray the expenses.

The person appointed to read the paper of the day being prevented from presenting it, the time was taken up in a postponed discussion on a previous paper, by Dr. John Sandt, of Easton, on placenta prævia. The procedure in most favor seems to be the partial detachment and podalic version. One case, however, was reported, of the placenta being cut through with the finger, and the child born, alive, through the placenta, without the aid of forceps. Another case was mentioned, in which the placenta was born first and then a living child.

Among the verbal reports of cases, was that of an abortion in the third month, with retained placenta, accompanied with great hemorrhage. The placenta resisted all efforts of removal. A speculum was introduced, and the placenta detached piecemeal, by forceps, and the womb washed out with a solution of potassium permanganate. Ergot was used hypodermically, as the patient was too exsanguine to take it by the mouth. Patient recovered.

After the transaction of some routine business, adjourned to meet at Easton, in January.

TYVE.

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—An Irish doctor tells the following anecdote:—"One day a woman rushed out of a house to meet me, and said, 'Doctor, it would be the greatest charity ever you did to visit this poor man.' I went with her. The man was suffering from smart diarrhœa, or mild cholera. Having made my examination, I asked for a pen, ink, and paper; the two first were to be had, but not the last. 'Can't we make out any?' I looked about, and under a plate on a shelf I found a prescription of Dr. C., dated the same morning. 'Any more of these?' 'No.' I looked about on the same shelf, and made out two others, one from Dr. B., another from Dr. E. All three had seen the man before me, but the advice of none had been followed."

# Editorial Department.

## Periscope.

### The Value of Frequently Repeated Doses.

Dr. Edward Clarke, in an article in the Boston *Medical and Surgical Journal*, says :—

Many therapeutical effects can be produced by continued dosing which are not attainable from single doses, while some objects are sufficiently attainable by single doses. Thus, ammonia given in single doses, or in doses with sufficient time for elimination, is a well-known stimulant, diaphoretic, and antispasmodic; but given continuously for a long period, without such intervals, it produces an action upon the blood corpuscles which is toxical. Gallic acid, again, is a drug that is so rapidly eliminated by the kidneys, that after two hours it exerts no appreciable action on the blood. Given in single doses of ten grains, more or less, three times a day, as it usually is for the restraint of certain forms of hemorrhage, the blood will be subjected to its restraining action only during six hours out of the twenty-four—a period not long enough to hold steadily in check a hemorrhagic disposition. But if the continued dose be substituted, so that, the ratio of elimination to absorption being constantly regarded, the blood is kept constantly charged with the acid, the effect is a continuity of action much more likely to prove efficacious. Alcohol also well illustrates the difference between the effects of the single and continued doses; and the want of observing this has led to the discordance of many of the results derived from experiments with it. It has been shown that six or eight hours after the ingestion of a single dose of alcohol the whole of it has disappeared; so that alcohol given in a single dose, leaving the blood free from its presence during two-thirds of the twenty-four hours, and alcohol taken in continued doses so as to charge the blood with it for more than two-thirds of that time, must be regarded as substantially different drugs, producing different physiological phenomena, and to be employed for different practical ends. Bromide of potassium is another article very illustrative of the differences specified.

"Illustrations of single and continued doses, and of the therapeutical importance of recognizing them as factors in the treatment of disease, might be multiplied indefinitely. It was impossible to recognize and use them as separate therapeutical factors till physiological observation and experiment had discovered the time and method of the absorption and elimination of drugs, and the ratio of the former to the latter Nor can the practitioner apply them clinically until he knows, at least with approximate accuracy, the way every article he uses gets into and out of the system, the length of time it remains in the system, and its behavior while there. The administration of medicines to the sick, without regard to the different and often opposite results, physiological or therapeutical, that follow the single and the continued dose, is both unsatisfactory and unscientific. It is unsatisfactory because it fails to secure the legitimate action of medicinal agents. It is unscientific because it ignores some of the most important physiological conditions upon which scientific therapeutics rest. The time has come for the clinician to recognize and use these and other phenomena of the *modus operandi* of drugs which the physiologist has discovered, and whose accuracy he has demonstrated."

The *frequent dose* is the giving the medicine so as to induce one or more of its actions, whether primary or secondary, with great rapidity—hitting blow after blow in quick succession upon some organ which it is desirable to affect, in accordance with evident indications, with rapidity and power. It is usually, perhaps always, some action of a drug, manifested soon after its absorption, which it is desirable to obtain, and which can be obtained by the frequent dose. Obviously the administration of the frequent dose is limited by the physiological behavior of the system under its influence. After a certain period the frequent dose is equivalent to a single full dose, or a toxic one. The primary stimulant action of opium, almost immediately after absorption, passes off, but may be prolonged and enhanced by administering it every five, ten, or fifteen minutes. The physiological action of aconite illustrates the same principle. Fleming has shown the powerful sedative effect produced by five drops of the tincture. But if half a drop be given every half-hour ten times, or one drop every hour five times, a different physiological, and consequently a different therapeutical, result is obtained.

### Subcutaneous Injection of Carbolic Acid in Rheumatism.

At the Berlin Medical Society, Herr Senator read a paper, entitled "The Local Employment of Subcutaneous Carbolic Acid Injections in Rheumatic Polyarthritis," containing an account of the results of the practice which, on the recommendation of Kunze, he has followed in some cases in private practice, and in many in the Augusta Hospital. At first he used a solution of one per cent., and later of two or three per cent., injecting this in the vicinity of the various joints affected. These injections had never been attended by any ill consequences, and had often given rise to the disappearance of the pain and other local symptoms. Complica-

tions and relapses of the disease were, however, not prevented. Herr Goldbaum stated that he had for several years been employing subcutaneous injections in articular rheumatism, as also in muscular rheumatism, and the anæsthetic effect has been remarkable, continuing for five or six hours. As the patient complains chiefly of the excessive pain and the immovability of the joint, this means is much to be recommended, for by it not only is the pain relieved, but the joint becomes movable, such mobility remaining as long as the pain is absent. He believes that in several cases a favorable influence is exercised on the general course of the disease. The efficacy of the practice is especially seen in muscular rheumatism, so that patients who were motionless from lumbago were, after the injections, able to move; and after these had been repeated several times, the affection disappeared. In answer to a question from Herr v. Langenbeck, as to whether the general febrile action was influenced, Herr Senator said that he could not pronounce on this point, as in articular rheumatism the febrile action depended on the affections of the joints, rising or falling with these. The carbolic acid, he further observed, is only a palliative. He has used the three per cent. solution with great advantage in a case of ischias, but he has met with no success in chronic articular rheumatism. Herr Goldbaum observed that in no form of neuralgia in which he has tried the remedy has any benefit been derived, so that when no result attends the use of the remedy, the conclusion he comes to is, that a nervous, not a muscular affection, is under treatment. He has, however, found that some of a two per cent. solution put into the ear effectually relieves otitis externa, the patient renewing the application as soon as the pain returns. Herr Citron, while confirming what had been said of the anæsthetic effect of the acid in rheumatism, said that on taking the temperatures he had found no effect produced on these. Herr. Waldenburg called attention to an old and very simple palliative that had very seldom failed him, viz., pouring ether over the part. Applied as ether-spray he had found it less efficacious. Herr Retzlag, having suffered himself from the disease, had found the ether of no service, except during the moment of application. He had derived most benefit from blisters kept on for twelve hours, until vesicles had formed, which were then opened. Herr Frankel had not tried carbolic acid, but among other local remedies he preferred the immobilization of the joint for ten or twelve hours, when the pain ceased.

## Reviews and Book Notices.

——"The Climate and Diseases of America, by Dr. Johann David Schaeff." is the title of a very neat pamphlet, from the Riverside Press. It consists of letters written by a surgeon of a Hessian regiment, during the Revolution, to a medical friend in Europe. The writer was an able man, but prejudiced, and therefore, at times, willfully inaccurate. His observations have a value in medical history, which fully justified their translation. This has been very well done by Dr. James Read Chadwick, who has also added a moderate number of useful explanatory notes.

### BOOK NOTICES.

**A Practical Treatise on Diseases of the Eye.** By Robert Brundenell Carter, F. R. C. S., Ophthalmic Surgeon to St. George's Hospital, Surgeon to the Royal South London Hospital, Hunterian Professor of Surgery and Pathology to the Royal College of Surgeons of England. With numerous illustrations. pp. 290, 8vo. London, Macmillan & Co., 1875.

Dr. Carter has for years been a worker in the department of ophthalmology, and eleven years ago translated and published "Zander on the Ophthalmoscope," with notes; the most elaborate work that has been published on that subject. He has also been a regular contributor to the several journals pertaining to the subject of diseases of the eye. For many years he resided in the country, and is still connected with the Gloucestershire Eye Institution, as a consulting surgeon, although now a resident of London.

In the author's preface to his work, he states his reasons for publishing, as well as the contents of the work.

"My aim in the composition of the following pages has been to place before the profession, in a concise and readable form, a general view of the present state of knowledge with regard to the nature and treatment of the more important diseases of the eye. I have not thought it necessary to dwell minutely upon maladies of rare occurrence, or upon details which are interesting only to specialists. The book embodies the substance of my lectures at St. George's Hospital, and contains but slight reference to modes of practice, of which I am unable to speak from experience"

This work of Dr. Carter's is divided into fifteen chapters: "Anatomy and Physiology of the Eye," *thirty-three* pages; "Examination of the Eye," *thirty-six;* "The Ophthalmoscope and its Application," *forty-one;* "The Principles of Ophthalmic Therapeutics," *thirty-six;* "The Principles of Ophthalmic Surgery," *thirty-three;* "Diseases of the Eyelids," *thirty-six;* "Diseases of the Conjunctiva," *thirty-two;* "Of the

Cornea," *forty-six;* "Of the Iris," *thirty;* "Cataract," SIXTY-THREE; "Glaucoma," *sixteen;* "Fundus Oculi," *forty-four;* "Injuries of the Eye," *twenty-nine;* "Squint and Paralysis of the Ocular Muscles," *twenty-nine;* "The Uses and Selection of Spectacles," FIFTY-SEVEN. This division of his subject shows that the largest part of the work is devoted, not to the diseases which are seen and recognized by the general practitioner or surgeon, but to cataract and the obscure and deep-seated diseases of the internal eye, only treated by the specialist or one who is in constant and daily use of the ophthalmoscope. The selection and fitting of spectacles, in difficult and delicate cases, is now in the hands, not of the optician, but in those of the ophthalmologist, and our author has devoted *fifty-seven* pages of his work to this subject.

After the above digression, we pass to take up the subject seriatim: first, of the illustrations, which consist of four simple lithographic plates, not colored, and of no practical value; and we regret to state that plate 1, "The Right Horizontal Section of the Eye," is not accurate, and roughly drawn, compared with those which he could have obtained from the modern German works, or from Helmholtz. Plate 2, "Enlarged Section of Ciliary Region," is also too diagramatic, and inferior in careful details to that of Brucke. 3. "Section of Retina" (after Schulze). Even in this figure the copy is not like the original, and is faulty in several of the details. The third and fourth plates are more correct, but like those to be found in works on the Eye and Ear, published thirty years ago, not to compare with those of Frederick Tyrrell, whose practical work on the "Eye" was published in London, in 1840; his illustrations are as good as any published since his time, although on a smaller scale. Then we have the more recent work of Macnamara, prepared for the Calcutta Medical School, where the chromo-lithographs, for which he makes an apology, are reduced from the well-known plates of Jaeger and Liebreich (the latter now the ophthalmic surgeon of St. Thomas' Hospital, London, and celebrated for his famous "Atlas of Diseases of the Eye").

Chapters second and third are devoted to the "Examinations of the Eye," the "Ophthalmoscope and its Application."

This part of the subject is more satisfactory, and although addressed to the general practitioner, he cannot help, as it were, going into details on subjects concerning which the general surgeon knows but little, and under "Astigmatism," he recommends the set of letters designed by Dr. Pray, of New York. viz., in determining the acuteness of vision, to measure the superficial extent of the field. After describing the "perimeter" of Prof. Förster, of Breslau, for that purpose, he states that the principle of Prof. Förster's instrument is perfectly sound, but its details are extremely faulty, etc. With the help of Mr. Hawksley, he has produced a modified "perimeter," which he considers the best, the cheapest, and the most handy, see p. 62.

After giving a brief history, with the theory and application, of the ophthalmoscope, with nineteen illustrations, he states, on page 95, that "one of the most convenient forms of the erect image ophthalmoscope is that of Loring, as modified by Dr. Noyes, of New York," no mention being made of Dr. Knapp's improved ophthalmoscope. "Among recent contrivances, perhaps the best is one made by Mr. Hawksley, for Mr. Couper, in which the Rekoss disc and the mirror are so connected, that the obliquity of the latter is not communicated to the former, and the observer looks along the axis of any auxiliary lens which he may employ."

In the chapter on ophthalmic therapeutics, while referring to the value of medicine which may be used to confirm a neurotic diagnosis, he enumerates arsenic, quinine, iron, bromide, and iodide of potassium, and morphia; he also recommends the following pill, "a grain of quinine, two grains of potassio-tartrate of iron, and from a twelfth to a twenty-fourth of a grain of morphia, which, when taken every hour, will often cure periodic neuralgia." A pill of similar composition is used in this city, of quinine and iron, and adding extract of belladonna. He is a strong advocate for the use of large doses of iodide of potassium in many forms of eye diseases, commencing with seven and ten grains, three times a day, which he combines with carbonate of ammonia, the dose preceded by half a tumblerful of barley water, an hour before meals.

Chapter 5th is devoted to the "Principles of Ophthalmic Surgery." Chapter 6th to "Diseases of the Eyelids." In the first he dwells upon the subject of the various operations; the requirements of having an "ambidextrous" training of the hand, and gives numerous illustrations of "specula," fixing forceps, cataract

needles, knives, both lance-shaped and linear, with iris forceps and scissors. He then dwells upon the preparation of the patient and the season, the only real weather to be avoided being extreme heat or cold, but at all other seasons operations for cataract can be performed. As to the form of anæsthetics to be preferred, he states that he has found common sulphuric ether to act pleasantly in a large proportion of cases, without the risk of using chloroform. His objections to ether are, that it produces an excess of salivation, and at times great struggling; it is also more liable to produce sickness of the stomach; still, as it is not so dangerous, he employs it in preference to chloroform.

In chapter 6th, on "Diseases of the Eyelids," he describes the anatomy, method of examination, nævi, simple and malignant tumors, operations for the cure of distorted eyelids, and gives the author's method, preferring it to all others.

Chapters 7th and 8th, "Diseases of the Conjunctiva and Cornea." In the first, we have thirty-two pages, and in the latter forty-two. By a reference to the "Treatise on Diseases of the Eye," by Sœlberg Wells," we find that he has devoted to the conjunctiva, the most practical of all subjects, seventy-three pages, while to diseases of the cornea, forty-four. There is nothing new in our author's views, either of the treatment or pathology of diseases of the conjunctiva:—

"In the early stages of follicular granulations, when they are as yet quite passive, or when the inflammation of the conjunctiva has only just commenced, the best local application for most cases is the so-called lapis-divinus, which consists of equal parts of sulphate of copper, nitrate of potash and alum, reduced to fine powder, fused together, and run into a mould for use."

In the more chronic cases he employs, as we do at our own clinics, the solid nitrate of silver fused with from two to four parts of the nitrate of potash, moulded into sticks, which are applied lightly and washed off with a solution of common salt.

In his chapter on "Diseases of the Cornea," at p. 261, he makes the following statement: "In the purulent ophthalmia of infancy, simple necrosis (or ulceration) of the cornea is the only complication which need be dreaded." p. 259, "I have never seen a single instance in which the cornea has sustained injury if the treatment by cleanliness and nitrate of silver lotion, which is described at page 22, be followed out." "Some surgeons use an alum lotion, but I have no confidence in it, and prefer a solution of nitrate of silver, of the strength of two grains to the ounce." On p. 272 he makes the following very sensible remark on the subject of the treatment of keratitis: "Whatever else it may require, it invariably requires local sedatives and local rest."

Chapter 9th is devoted to "Diseases of the Iris," including irido-choroiditis and sympathetic ophthalmia. "In the treatment of iritis, in all its stages, forms and varieties, the first principle to be borne in mind and to be acted upon in every case, without exception, is a negative one—to avoid all irritants," p. 309. This caution is applicable even in regard to the use of atropine, which, although employed in the majority of cases, we have, nevertheless, known to cause irritation in a few instances. "If the iritis has been running on for a day or two, and is even moderately severe, in outdoor cases, we prescribe mercury as well as atropine, giving, perhaps, two grains of blue pill twice a day. When the patient again presents himself, if the pupil is well dilated, the mercury is laid aside."

His experience concerning iridectomy, performed after a second attack of iritis, as a means of preventing further recurrence, is altogether favorable:—

"After several attacks of the same disease, in which the choroid and vitreous has to some extent participated, and when the greater part of the pupil is adherent, the performance of iridectomy is the only resource open to the surgeon, but is not as satisfactory in its result."

In sympathetic ophthalmia, he lays down the following rule, which is a good one: "As long as the second is sound, the removal of the first will afford safety, but when once the second is affected, the removal of the first is, at least, of doubtful utility," p. 332.

There are many other points of interest we should like to refer to in this work, had time and space been allowed us. There are, however, evident defects in the getting up of the work; more attention should have been given to certain subjects: yet this work of Dr. Carter's is one of real merit, full of the ripe experience of a careful and conscientious teacher, and will well repay the close study of all who wish to devote their attention to the eye.

THE

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D. G. BRINTON, M.D., EDITOR.

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## THE NECESSITY OF CAUTION IN PRESCRIBING OPIATES.

A statement has been going the round of the papers, medical and secular, that "the use of opium as a stimulant is becoming pretty general throughout the United States. Women appear to be more addicted to the habit than men, and it prevails to a larger extent among the richer and better educated classes than among the poor. The custom-house returns show that the quantity of opium imported into the country (reaching now nearly 250,000 ℔ annually) is ten times more than it was thirty years ago, and it is the opinion of physicians and druggists that not more than one-third of the quantity is used for medicinal purposes."

It becomes a very serious question, in the face of such assertions, how best to guard against the indiscrete prescribing of opiates. The general assertion is made that much of the opium eating starts with a physician's prescription. More than one such case has occurred in our personal knowledge.

Dr. G. Conner, who, in the Cincinnati *Lancet and Observer*, has touched upon this delicate subject, reaches the conclusion that such is not the temptation which has led the majority into the dangerous misuse of a powerful remedial agent. His words are:—

"In accordance with the best information I have been able to gather, the largest number of opium eaters contract the habit from choice, merely for the pleasure of opium—never thinking that the pains of opium will prove to be a hundred-fold stronger than its pleasures, and might fittingly be represented by a death's-head and cross-bones.

"The opium eater gets into his fairy-boat and drifts out upon the bosom of a lovely stream. The surface of the clear water is unbroken by a single ripple. The pleasant surroundings and soothing motion of the boat invite him to sleep. So he makes himself comfortable, and glides over the land of dreams as smoothly as the little boat glides over the bosom of the stream."

Without following the doctor in his metaphor, we take comfort in his conclusion, and trust he is right.

The same topic presents itself in an article in the Edinburgh *Medical Journal*, of August last. Dr. Francis W. Mirnet, Lecturer on materia medica at Surgeons' Hall, Edinburgh, feels constrained to sound a note of warning, impelled thereto by three cases of opium-eating, all starting from physicians' prescriptions, which came before him inside of a few weeks. After narrating them, he has the subjoined sensible observations:—

"This leads me to say that I think there are many cases of chronic disease, or disease in which sleeplessness is a prominent symptom, in which opium is frequently prescribed, without, perhaps, any thought of this danger supervening, and which has led me to believe and practice that it is advisable not to give opium continuously, for any length of time, in those cases, unless in painful and incurable diseases, as cancer, etc., especially if the patient is of a nervous temperament. There is no doubt that

pain or sleeplessness would more frequently have to be endured, but other remedies might be substituted, which would in part, although not entirely, take its place. And if we consider that it would save some, more, perhaps, than many are aware of, from contracting such a habit, I think that, at least, it would be advisable to consider this danger, and bear it in mind, when we are called upon to treat such cases, and believe opium to be indicated; a danger which most readers will know, from their own experience, not to be a fanciful one.

"Medical men are nowadays occasionally assailed with reproach, for prescribing stimulants rashly and unnecessarily, and so encouraging a taste for them; but the public are already beginning to find out that, as a rule, if individuals want stimulants, they do not wait to get the sanction of their medical attendant, although they may, and do sometimes, use his name as an excuse.

"But it is otherwise with those whom I have mentioned, who have not known the potency of the drug, at least personally, until it was professionally administered, and who, in all likelihood, would not have known it unless so ordered. And this is generally the rule, I think, that the majority of habitual opium-eaters have, in the first instance, acquired the taste for it after having been ordered it by a medical man; not that I think it by any means a reproach to us, or that we should be afraid to use it on account of the fact that some ill-regulated people will abuse the drug to their own hurt, but for the reason I have mentioned; and in view of this danger, I venture to say that this ought to be borne in mind when we administer opium in these cases, lest we might be the innocent cause of setting the spark to the fire that may only be extinguished with life."

So much has been said and written about the perils and pains of opium, that we hardly believe any intelligent person is ignorant of its dangers. The highly-wrought descriptions of Dr. Quincey have increased, rather than deterred imitators.

Of the innocent substitutes for an opiate in overwrought nervous conditions, Mr. Frank Buckland, in *Land and Water*, recommends the onion. He says:—

"Opiates in any form, even the *liquor opii sedat.*, and chlorodyne, will leave traces of their influence the next morning. I therefore prescribe for myself—and have frequently done so for others—onions; simply common onions, raw; but Spanish onions stewed will do. Everybody knows the taste of onions; this is due to a peculiar essential oil contained in this most valuable and healthy root. This oil has, I am sure, highly soporific powers. In my own case they never fail. If I am pressed with work, and feel I shall not sleep, I eat two or three small onions, and the effect is magical."

Probably there is no true hypnotic which is innocent. A cold bath, on retiring, to a robust person, is, perhaps, as good as any means of ensuring sleep. But whatever is tried, opium and chloral should be religiously reserved for those cases of positive disease where sleep is imperatively demanded for its remedial efficacy.

The above paragraphs had been completed when we received the letter published last week, from Dr. C. C. Cranmer, of New York. He enclosed a letter published in the Troy *Daily Times*, containing the experience of a druggist of that city. The following extracts deserve quotation:—

"'The public has no idea of the extent to which this habit is carried. It has reached all classes, rich and poor. It is time that something should be done to stop the consumption of opium.' The druggist to whom I refer has no desire to increase a pernicious traffic merely for the sake of profit, and there are others in the trade who are compelled, at times, to refuse the sale of an article, when only used for vicious indulgence. This class of dealers could tell of the strange expedients resorted to for the purpose of obtaining the drug, and they could reveal some secrets concerning its use which would startle the community. Clergymen and lawyers, whose brains are overtaxed, are often led to adopt the fatal assistance of this drug, and some of the finest flights at the bar are due to its use. Many of the hack writers, who manufacture the sensation stories for the cheap newspaper press, work up to the necessary excitement by eating opium, and one of the most facile writers for the *Ledger* is said to compose under its inspiration. A large number of students at our colleges are opium eaters. This follows, as a matter of course, the free

use of tobacco. Large numbers of nervous ladies in high station use opium, to give new life to their effete and exhausted frames; perhaps the largest proportionate consumption is among this class. They prepare for the enjoyments of a party or a ball by the use of this stimulus, and when it has brought the system to its acme, they shine with unusual brilliancy."

We, personally, know there is much truth in these statements. A druggist in a country town near by informs us that he keeps a cheap laudanum, somewhat below the officinal strength, expressly to give opium eaters, or rather, laudanum drinkers. He defends the act by the remark, that if he don't sell it to them, other druggists will.

This easy morality is probably general. But that it is so, is a very ugly commentary on the tendencies of the day.

## Notes and Comments.

### The Cold Water Treatment.

Dr. Foltz, of Lyons, has lately published, in *Lyon Médical*, a valuable series of papers, containing the results of his employment of cold water injections in typhoid fever. He states that they exert a general and local action. The local action consists in a cooling sensation, accompanied by intestinal contractions. The general action produces slackening of the pulse, marked diminution of temperature, and quietude of the nervous system. It abates thirst, excites the appetite, and increases the secretions. The cooling, sedative, and tonic action is about the same with all injections under 38° (Centigrade); but it is so much more intense and durable as the injection is colder, more abundant, and more frequently repeated.

### The Cholera Epidemic of 1873.

The volume on this subject issued by the government, to one portion of which we gave a notice a fortnight ago, has attracted deserved attention, even outside of medical readers. The New York *Nation* finds it of sufficient importance to refer to it at some length, on two occasions.

The bulk of the volume is made up of reports prepared under the direction of the Surgeon General of the Army. They comprise a history of the cholera epidemic of 1873 in the United States, by Ely McClellan, M. D., Assistant Surgeon U. S. A.; a history of the travels of Asiatic cholera, by the same officer and Dr. John C. Peters; and the bibliography by Dr. J. S. Billings, U. S. A., to which we referred.

Dr. McClellan concludes that cholera is disseminated by dejecta. He concedes no importance to the geological formations of infected localities, nor assents to the ground-water hypothesis of Pettenkofer, but believes that unsanitary reception-beds favor its spread; he has little to say as to treatment; the principal fact in this connection we gave previously.

Great credit is due the gentlemen named for their labor on this difficult and important theme.

### The Diagnosis of Cerebro-spinal Meningitis.

In a recent clinic Dr. Rickards remarked that, while pain in the head, vomiting, epileptiform attacks, disease of the optic discs, emaciations, eruptions, involuntary micturition, were symptoms found in many head-affections, the sudden onset of symptoms, pain in the back of the neck, the stiffness of the muscle of the neck, and retraction of the head, were sufficient to separate cerebro-spinal meningitis from hydrocephalus acquisitus, basilar meningitis, and tumor of the brain, diseases to which, in its symptoms, it was nearly allied.

### Salicylic Acid Notes.

Dr. Von Gulick writes to the *Med. Central Zeitung* that he has preserved vaccine lymph very successfully with salicylic acid. He boils it in a mixture of glycerine and water, equal parts, decants the product and adds it to the lymph.

In the treatment of diphtheria with salicylic acid, Dr. Schuler (*Berlin Klin. Woch.*) reports bad results—the loss of 7 out of 15 cases. He is convinced that it is less efficacious in this disease than carbolic acid and chlorate of potash.

### A Hint to Electricians.

The following remark is made by Dr. E. P. Stone, in the *Pacific Medical and Surgical Journal*:—"In my experience of the use of electricity, I have found it very necessary to be careful not to treat a patient on a full stomach, or until three hours after meals, as it interferes greatly with digestion.

## Correspondence.

### The Forceps Application.

Ed. Med. and Surg. Reporter:—

When forceps are properly adjusted to the fœtal head, and locked, *can* they slip? that is *off of the head of the fœtus?* We once in a while hear of forceps slipping, but I have always had a doubt whether they had been correctly applied. In the course of a long practice, I have frequently used my forceps, and with the knowledge and experience thus acquired, am only sorry I didn t use them still more frequently; I might have averted hours of anguish, and, quite possibly, saved infantile life. But my forceps never "slipped," nor can I quite understand how they could; of course they couldn't slip within the bony pelvis. I have, on more than one occasion, applied force enough to make them slip, if it were possible for this to happen.

Some years ago I saw a lady, in consultation, who had been in labor for more than forty-eight hours, with an arm extended more than half the time. The doctor, in reporting the case to me, placed his own arm upward, alongside of his head, and remarked: "doctor, it is coming this way." I, however, doubted his illustrated diagnosis, and proceeded to investigate the case, when I found a shoulder presentation. Under the influence of an anæsthetic, I turned and delivered by the feet. During the night previous to my seeing the patient, the doctor had made several unsuccessful attempts to use his forceps, but they "slipped" every time. It might be well, too, to have a thought of the injury that might be inflicted on the accouchee, by this imperfect application and slipping of forceps.

L. G. Harley, M. D.

*Wooster, Ohio, Nov.* 2, 1875.

## News and Miscellany.

### No. 2., First Series, Half-Yearly Compendium.

We will pay $1.00 each for copies of the above.

### Meeting of the American Academy of Science.

A very interesting meeting of the members of this national body was held at the University of Pennsylvania, commencing on November 2d, and continuing for three days. Some of the best known scientific men in the United States were present, among whom were Professors Joseph Henry, of the Smithsonian Institute; Stephen Alexander and Arnold Guyot, of Princeton, N. J.; Benjamin Silliman and Elias Loomis, of New Haven; J. J. Woodward, John H. C. Coffin and Simon Newcomb, of Washington; T. Sterry Hunt, of Boston; Raphael Pompelly, of Newburgh, N. Y.; J. Lawrence Smith, of Louisville, Ky.; George W. Hill, of Nyack, N. Y.; Major J. W. Powell, U. S. Surveyor; Robert E. Rodgers, Frederick A. Genth, Edward D. Cope, John L. LeConte, Fairman Rogers, J. P. Lesley and William Sellers, of Philadelphia, and others.

Professor Joseph Henry presided. Several interesting papers were read, which elicited much instructive discussion. Among these was one by Professor LeConte, chairman of a committee appointed to investigate and report upon the prominent abuses arising out of the indiscriminate sale of poisons, a subject which was thoroughly discussed in the meeting last year. He stated that, while they found it very desirable to have the indiscriminate sale of poisons prevented, there were a number of difficulties in the way. It was not an easy matter to obtain the proper legislation, or to enforce the provisions of an act should it be passed.

### German Eye and Ear Infirmary.

A new infirmary for the treatment of diseases of the eye and ear has been organized, and has just gone into operation, at the southeast corner of Fifth and Green streets. It is designed for the gratuitous treatment of such patients as may be unable to pay for medical treatment, and to furnish them also with free board, lodging and nursing, while under treatment, so far as the means of the institution will allow. The infirmary will be supported entirely by voluntary contributions, and such will be thankfully received by the treasurer or directors.

The medical officers are: C. F. Wittig, M. D., H. Tiedemann, M. D., A. Fricke, M. D., Emil Fischer, M. D., B. B. Schwarzbach, M. D. Surgeon, in charge, B. B. Schwarzbach, M. D. Assistant Surgeon, F. D. Castle, M. D. Executive Committee, E. Fisher, M. D., O. Seidensticker, Ph. D., B. B. Schwarzbach, M. D.

### Items.

—It is rather late in the season to be reading, in November, of the inauguration of a quarantine on account of the yellow fever in an American port; yet Spain has just placed a lazaretto embargo on vessels from New Orleans, on that account.

—The returns which have come to hand regarding the recent outbreak of cholera at Simla, show that 340 cases were reported, of which 183 proved fatal. It is, however, asserted that these returns are incomplete, and that they do not include all the cholera seizures and deaths.

—An "Ecole d'Anthropologie" has just been founded at Paris. The Ecole Pratique is to be employed for its purposes, and it will be supported solely by private subscriptions. The subjects of the various courses of lectures have been settled, and the following is the list of the professors:—Anatomical Anthropology, M. Broca; Ethnological Anthropology, M. Dally; Linguistical Anthropology, M. Hovelacque; Prehistorical Anthropology, M. De Mortillet; Biological or General Anthropology, M. Topinard.

### Personal.

—The profession of Great Britain has lost one of its most prominent members, by the death of John Hughes Bennett, late professor of the institutes of medicine at Edinburgh. He died on September 25th, at the age of sixty-three, a few days after an operation for stone in the bladder. A reviewer remarks, that his first purely medical achievement was the writing of a treatise on Cod-liver Oil in Phthisis, from the publication of which dates the introduction of that substance into general use in this country. The service thus done was a great one, though we make bold to doubt if it has not been, since that time, more abused than even his pet abhorrence—calomel. This, and his discovery of the condition of the blood in the state called by him leucocythemia, and by Virchow, who about the same time had his attention directed to the subject, leukæmia, will be probably the *opera peracta* which will hand his name down to posterity.

—Dr. Edward Warren, surgeon-in-chief of the Egyptian army, has resigned in consequence of ophthalmia, contracted in the Khedive's service. Dr. Warren is a Baltimorean, and was medical director of General Lee's army.

—Dr. Sumner Stebbins, of Unionville, Pa., a well known physician, as well as temperance advocate, is about quitting practice. Dr. Perdue succeeds him.

—Dr. Henry Bennett has left London for his winter home in Mentone, so far as practice is concerned, to return no more. In future he will be found during the winter months at Mentone, but in England he will no longer practice.

—Dr. S. Weir Mitchell has returned from his visit to Europe, and resumed practice.

—Dr. D. M. Williams has removed from Hyde Park, Pa., to Frostburg, Md.

## QUERIES AND REPLIES.

### Crusta Lactea.

"If B. R. F. will consult Bennett's "Practice of Medicine," American edition, 1863, page 784, article eczema, he will find mentioned the remedy and treatment which will cure the above named dermoid, if the directions are properly followed."

*Emporium, Pa.* N. J. CRAIGEN, M. D.

"The worst and most obstinate case I have ever seen, and I have seen many, covering the scalp, face, and most of the child's body, becoming more extended after treatment formerly successful, recommended by the late Professor Bulkley, was permanently cured with cod-liver oil, externally and internally, teaspoonful doses, persisted in for some time." EDW. VANDERPOEL.

*New York City.*

"In reply to query in your last REPORTER, as to cure for crusta lactea, I have used Wilson's treatment effectively, in a number of cases: first, a powder of calomel, gr.j, rubbed up with a little sugar; then ointment of benzoated zinc oxide, as local remedy, and Fowler's solution, with cod-liver oil, internally. I do not use the arsenic till all symptoms of coryza or cold have disappeared."

C. F.

"When cases are of long standing, and of a hereditary character, you may be prepared for frequent disappointments with any course I have seen pursued. But I have, for the last few years, been occasionally in the habit of using, in these cases, the syrup of Stillingia and iodide of potassium, and have seen very good effects from them. This treatment is recommended with great confidence. J. N. MEDBERY, M. D.

*Webster City, Iowa.*

*To "W. H. V.,"* I will state that, two years ago, 1st of last September, I was telegraphed from Catskill, to attend a lady, about 28 years old, suffering very like his patient. She vomited more than a pint of blood at first, lessening in quantity every day or two, for eighteen days. Its cause, or whence it came, is a mystery, and though now she has a babe four months old, there has been no return of the hemorrhage, and her health has been good.

*New York City.* EDW. VANDERPOEL, M. D.

## MARRIAGES.

CONWAY—HAYS.—On the 14th ult, at 3 o'clock P. M., in Locust Grove Church, Midway, Boone county, Mo., by Rev. M. M. Hawkins, of Fayette, Howard county, Mo., A. M. Conway, M. D., and Susie May Hays, daughter of Mr. Isaac Hays, all of Boone.

ESTES—MOORE.—At the Methodist Church, Brownsville, on Sunday, October 31st, by the Rev. Warner Moore, L. P. Estes, M. D. and Lilly M., daughter of Rev. S. W. Moore, all of Brownsville, Tenn.

HOEBER—HEIDELSHEIMER.—On Thursday, October 28th, 1875, by Judge Joseph Koch, at his residence, Dr. E. W. Hoeber, of New York city, and Jennie Heidelsheimer, of Carlsruhe, Baden.

JAMES—SINN.—On Thursday, November 4th, 1875, by the Rev. Andrew Longacre, John E James, M. D., and Ella R., daughter of the late Davis N. Sinn. All of this city.

PORTER—FOLGER.—On the 19th ult., at the residence of the bride's parents, No. 67 Prospect street, Massillon, Ohio, by Rev. R. L. Williams, Dr. J. M. Porter, of Toledo, Ohio, and Miss Mary Joy Folger, daughter of Mr. and Mrs. R. H. Folger.

RATTERMAN—ECKERT.—On Wednesday morning, October 20th, 1875, at the Cathedral, by the Most Rev. Archbishop Purcell, Dr. B. J. Ratterman and Sophia Eckert, eldest daughter of Michael Eckert, Esq.

SAUNIER — SANDFORD. — At Trinity Episcopal Church, Newark, N. J., by Rev. W. W. Newton, Louis Saunier and Laura Belle, daughter of W. P. P. Sandford, M. D., all of Newark.

SMYTH — GUCKERT. — On November 3d, at the Church of the Holy Family, by the Rev. B. Villiger, Francis G. Smyth, M. D., and Mary Guckert, daughter of the late James P. Cruice, Esq.

## DEATHS.

AITKEN.—On the 7th inst., Henry L. Aitken, M. D., aged 72 years.

FULLER.—August 29th, at Lincoln, Penobscot county, Me, Ralph, son of Dr. C. and Charlotte W. Fuller, aged one year. Of cholera infantum.

CONKLING.—In Brooklyn, on Saturday, October 30th, Carra Louise, eldest daughter of Caroline E. and Dr. J. T. Conkling.

HENRY.—At his residence, No. 431 Clinton avenue, Brooklyn, Nov. 1st, James H. Henry, M. D., in the 70th year of his age.

WALLACE.—In Philadelphia, October 28th, Dr. Edward Wallace, in the 61st year of his age.

THE

# MEDICAL AND SURGICAL REPORTER.

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## Original Department.

### Communications.

### LACERATION OF THE PERINEUM, EXTENDING THROUGH THE SPHINCTER-ANI, AND INTO THE RECTO-VAGINAL SEPTUM—SUCCESSFUL OPERATION.

BY GEO. A. STERLING, M. D.,
Of Sag Harbor, N. Y.

The above named accident, happening in labor, is, however slight, an unpleasant occurrence, and in more severe cases may become a most serious complication. I have been induced to report the following case, not only from its gravity, which ended in complete recovery, but from various circumstances connected with it, which were rather of an unusual character.

The patient, Mrs. S., aged 21 years, was naturally possessed of a good constitution, but very slight, both in build and stature, weighing in the neighborhood of ninety pounds. I had attended her during her first confinement, the labor then terminating naturally, with only a slight laceration of the posterior fourchette. An anæsthetic was used at the time, and the child proved to be rather undersized, weighing between four and five pounds. I may mention, in connection with her first labor, that it was necessary to use the catheter for over three weeks after delivery, owing to spasmodic action of the urethra, the spasm, at times, being so severe that it was only overcome, and the passage of the catheter rendered possible, by the inhalation of chloroform. Some time previous to her second confinement she had suffered from a severe attack of diphtheria, losing, at that time, both her husband and infant from the same disease, which tended greatly to disturb her *morale*, and render her general condition such that I feared it would preclude a natural puerperal convalescence. Thirteen months after the birth of her first child she was taken in labor with the second. On visiting the patient I found her general condition good, labor progressing naturally, with every appearance of a favorable termination, such continuing to be the case till distention of the perineum began to take place.

As is sometimes a peculiar feature in accidents of this kind, the vulval opening was unusually small, and as the head descended, the former seemed almost parallel with the plane of the trunk, and much more anterior than is usual. This was so persistent a feature in the case, that, as the pains continued, they becoming now more than usually violent and prolonged, the perineum began to assume a pouch-shaped appearance, not unlike the half of a cocoa-nut shell; this being more apparent as the head receded after each uterine contraction.

The presenting part of the child, in the meanwhile, refused to take the normal direction of the outlet, the perineum losing its natural elasticity, becoming stretched, swollen and congested, so much so, that the vertex seemed about to escape through its centre.

During this stage of the labor, at the termination of each pain, the head was carefully pressed upon, and in a measure returned into the cavity of the pelvis, this procedure being necessary to relieve the congestion of the parts, and that the circulation might not be too much

interrupted in the presenting part of the child. The patient was now brought thoroughly under the influence of chloroform, both to relieve pain and abolish all voluntary effort. Persistent support, in the meantime, was given to the perineum, the head being guided in the direction of the outlet; and Dr. Wm. Goodell's method of pulling the sphincter-ani toward the pubes being also adopted, as much as the circumstances of the case would admit. Probably the space of two hours was consumed before the vulva was sufficiently dilated to allow passage of the child's head, which was finally effected without damage to the perineum. This process was rendered unusually tedious and prolonged, on account of the unnatural anterior position of the ostium vaginæ, making exaggerated extension necessary before exit of the head could take place. It was at this stage of the labor that the laceration occurred. A violent expulsive pain, sufficient to expel the whole child, forced the shoulders upon the already over-distended and disorganized perineum, and as they emerged from the vulva, the parts could be felt to give way before them, like wet blotting paper. The placenta was naturally expelled, with little or no hemorrhage, but considerable bleeding took place from the lacerated parts, which was easily controlled by cold and pressure.

A thorough examination now, revealed the severity of the injury that had taken place. The laceration was found to extend entirely through the sphincter-ani, and to be directed upward into the recto-vaginal septum, for a distance of about one and a half inches. On recovering consciousness, the patient complained of no pain in the region of the injury; the intense pressure and tension which the parts had undergone probably rendering their sensation less acute. In the course of a few hours the swelling and congestion had, in a great measure, disappeared, due to the gradual oozing that was taking place from the torn surfaces, insomuch that by the next day they presented a comparatively natural appearance. As an unlooked-for feature in the case, the child proved to be unusually large and well developed, weighing between nine and ten pounds. Its bis-acromial diameter was excessive, so much so, that the shirts provided for it were found too small, and larger ones had to be substituted. I am of the opinion that one cause, at least, of the extensive laceration that occurred, proceeded from the sudden and violent expulsion of the shoulders, before their proper and complete rotation had taken place, thus presenting an unusually large bis-acromial diameter to the transverse diameter of a vulva already distended to its utmost capacity. Of course, an operative procedure now became necessary, and in the subsequent treatment of the case I associated with me the valuable assistance of my friend, Dr. Jas. H. Rogers, of this place.

We proceeded to operate twenty-eight hours after delivery had taken place, deciding to employ the quilled suture, that promising the most favorable result, in tending to bring the torn structures more thoroughly into apposition. After the bowels had been well evacuated, three deep-seated double ligatures were passed with a curved needle; one at the posterior fourchette, another at the verge of the anus, and one midway between the two. Three superficial stitches were also taken between the others, as, when the parts were brought together, there was some tendency to pouting of the edges of the wound, these latter obviating the difficulty. Ordinary quills were used as cylinders, although two pieces of a gum-elastic catheter would probably have answered a better purpose. The several sutures being strongly and carefully tied, perfect apposition was effected. We had previously decided to leave the rent in the recto-vaginal wall to the reparative powers of nature, and, if necessary, take measures to relieve it by subsequent treatment. When the operation was finished, which was performed with the patient under the influence of an anæsthetic, she was placed upon her back, with the knees tied together, at the same time an opiate being given, to insure a constipated state of the bowels; the bladder being relieved night and morning by the use of the catheter. A solution of carbolic acid was used daily, as a vaginal injection, an external application of the same being constantly kept to the parts. The patient's diet consisted principally of milk and beef tea, that as little fecal residue might be left as possible. Lactation was normally established on the third day, the child receiving its entire nourishment from the breast. The case continued to progress favorably; no swelling or sign of inflammatory action occurred, and by the seventh day the superficial stitches were removed, they being no longer of use. It was thought best, at this time, to apply a suture of silver wire near the divided edge of

the sphincter ani, which later on proved of service, in the more perfect cicatrization of that muscle. Gas, at this stage of the case, began to be troublesome, by escaping from the vulva, through the rent in the recto-vaginal wall, thus interfering with the healing process. This was remedied by the introduction of a hollow silver tube into the rectum, passing through the sphincter ani, which met the wind higher up than the laceration extended, and it escaped entirely thereby. The daily use of opium, given by the mouth, having a tendency to produce nausea, and impair the appetite, suppositories of the drug were, from this date, introduced through the tube, which entirely controlled the bowels, and allayed the unpleasant symptoms connected with the stomach. The quilled sutures were removed on the sixteenth day, and union of the perineum was found to be perfect, having taken place by first intention throughout its entire extent. Digital examination per vaginam now disclosed the fact that the injury to the recto-vaginal wall was rapidly healing by granulation. No fistulous opening could be discovered by the touch, although, if the tube was withdrawn from the rectum, gas still continued to escape from the vagina. It was four weeks before this process of healing was fully completed, but at the end of that period the septum proved to be normal and complete, the patient having perfect control of the sphincters. The bowels were evacuated on the fifteenth day after the operation, the deep-seated sutures being allowed to remain till after that time, that additional support might be given to the parts. The additional precaution was also taken, to pack the vagina with sponge, that no undue pressure might be exerted on the recto-vaginal septum. The opiate had been previously withdrawn, and the cathartic of citrate of magnesia was preceded by injections of warm water and glycerine, to soften whatever mass might have accumulated. The bowels moved naturally at the end of the third week, at which time the patient was allowed to sit up, and at the termination of the fourth she was around the house as usual, and had resumed her ordinary duties.

The cure proved a complete one, which was hardly anticipated, showing not only the great reparative powers of nature, but that in operations of the kind we can sometimes be warranted in expecting complete recovery, in the most aggravated cases.

## A CASE OF INTUSSUSCEPTION.

BY GEORGE B. FUNDENBERG, M. D.,

Of Cumberland, Md.

Not long ago, I was called to see a fat, well developed child, of six months. The mother directed my attention to a purple tumor which appeared at the anal sphincter when the child strained, and disappeared when the straining ceased. This tenesmus had existed forty-eight hours, nothing but a small quantity of mucus being passed. During the last six hours incessant attempts to vomit came on, with the occasional ejection of the stercoraceous contents of the bowels.

Upon introducing the index finger, it came into contact with a cone-shaped tumor, which was evidently an intussusception, and not of the rectum, for the finger could readily be passed up as far as the colon, and yet not reach the reflected upper portion of the intestine. No opening could at first be discovered at the end of the projecting bowel, but upon a more careful examination I found an aperture at one side, into which I could pass the tip of the finger. This position of the opening served only to confirm the diagnosis, for, as is well known, the attachment of the mesocolon turns the orifice to one side. The shape of the opening was also characteristic, being more like a slit than a round hole, a fact accounted for by the same traction of the mesocolon. I now prepared to reduce the intussusception by the only method which occurred to me as likely to succeed.

Assisted by Dr. O. M. Schindel, I placed the child under the full influence of chloroform, having previously wrapped the flange of the nozzle of a Davidson's syringe with a roller bandage, an inch and a half wide, in such a manner that when the nozzle should be introduced into the rectum the bandage, tightly pressed against the nates, would make the apparatus water-tight, and thus prevent regurgitation. My assistant now inverted the body of the child, and while in this position, I injected about two quarts of tepid water, and holding the wrapped bandage tightly against the body of the child, the force of the injection and the aid of gravitation were brought to bear in the most efficient manner, in the return and straightening out of the bowel; the child being at the same time completely anæsthetized, so that no resistance nor tenesmic efforts prevented resti-

tution. After about ten minutes of this kind of effort, the nozzle was withdrawn, and a careful examination made, but no tumor could be felt. A sufficient dose of morphia was now given, before the child had quite recovered from the influence of the chloroform, and successive doses were ordered, sufficient to keep the child quiet for several days. Liquid nourishment was given, and in forty-eight hours more the bowels moved freely and spontaneously, and there was no further return of the trouble.

The rarity of cases like this may be estimated, when it is stated that the occurrence is rarely referred to in the books. Vogel remarks that "intussusceptions occur frequently in the large intestines, and, when in the rectum, may possibly be felt per anum."

## Hospital Reports.

### PENNSYLVANIA HOSPITAL CLINIC (SURGICAL).

SERVICE OF DR. R. J. LEVIS.

Reported by A. M. Bennett.

Case 1. This is a patient suffering from a sprain of both ankles, the consequence of slipping on the stairs. To save herself from falling she jumped, striking heavily on both feet.

A sprain may be defined as an injury of a joint, tending toward dislocation, and may be attended with stretching of the ligaments, or tendons, or both. The greater frequency of sprain of the ankle-joint, as compared with other joints, may be ascribed to three causes:—1. Its position, receiving, as it does, the whole weight of the body. 2. The great leverage it may exert upon a small surface. 3. The rigidity of the lateral ligaments. The liability of confounding sprain of the joint with fracture of the lower end of the fibula, is worthy of a moment's attention.

When a patient is brought to you for diagnosis, hold the foot firmly in the left hand, and with the right make firm pressure upon the upper part of the fibula; if the patient flinches and cries out with pain, and if, on further examination, you find some lateral play of the joint, you have the certainty of fracture of the lower end of the fibula, even without crepitus, which is not always easily made out in this situation. If, on the contrary, pressure on the fibula does not add to the pain of the patient, you will direct your attention to the joint, and ask yourselves if you have to deal with injury of the ligaments, or of the tendons, and if the swelling be due to effusion into the joint, or into the sheaths of the tendons. I am convinced that stretching of the tendons of the flexors and extensors is a frequent condition, too often ignored. They are especially liable to sprain where they curve, the extensors around the external, the flexors around the internal malleolus. Diagnosis is made by putting the injured muscles upon the strain. In the case before us, you see the patient flinches from extension; we are, therefore, sure we have sprain of the extensor tendons. Have we also effusion into the joint? There are two points where the joint is comparatively superficial, at the inner and outer sides of the extensors. Looking at these points, we find the hollows naturally existing effaced, and pressure, even slight, gives exquisite pain. Our diagnosis is made. We have here sprain of the joint, with effusion into the joint, with sprain of the extensor tendons. In regard to treatment, a recent sprain is best treated by hot water. Put the foot in a bucket of water, kept as hot as can be borne, for half an hour. Just how this acts we cannot say, but there seems to be more than a revulsion of circulation. We may then dress with an ordinary bandage, or better, some fixed dressing which shall keep the parts at rest.

Case 2 is a fracture of lower end of fibula, and will illustrate the point in differential diagnosis, mentioned above. You see that, holding the injured foot firmly, by making pressure in the manner directed, the patient cries out with pain; you also observe some lateral movement is possible; pressure upon the points mentioned, each side of the extensors, discovers also tenderness, so that we have not only fracture of the fibula, but effusion into the joint. There can be little displacement in this fracture, and the treatment will be a simple bandage, followed, after two or three days, by a fixed dressing, and of these, the glue is preferable.

Case 3 is one of abscess of the mammary gland, extremely common, especially among primiparæ. I am persuaded that by far the most frequent cause of mammary abscess is a defective nipple; one or more of the outlets will be found obstructed, on close examination. I show you this case to illustrate a method of treatment which I have found very satisfactory, viz., by compressed sponge. This is easily prepared from ordinary sponge, by washing it free from impurities, dipping in gum and water, and placing under weights, allowing it to dry, thus compressed.

The pus burrows deeply, forming sinuses throughout the gland, and the treatment consists in dilating and keeping open the orifices of these sinuses, by narrow strips of this compressed sponge. Small pieces may be used at first, followed by larger, and this, with proper support to the breast, will be found sufficient until, at a later stage, when pressure may be advantageously applied.

—A Montreal doctor has just sued his landlord for $20,000 damages, for illness caused, he alleges, by the unhealthiness of the house in which he resides.

## Medical Societies.

### NEW YORK PATHOLOGICAL SOCIETY—STATED MEETING, October 13th, 1875.

Dr. F. Delafield, President, in the chair.

#### Tumor of Neck.

Dr. Beverly Robinson presented a specimen of tumor of the neck, with the following history:—

Margaret M., æt. sixteen, was seen on May 16th, 1875. She presented a large tumor, involving the anterior portion of the neck; it was dense throughout, and composed of two lobules; a thrill was imparted to it at every cardiac systole. The patient's voice was husky, and she complained of a dry cough and dyspnœa. Tincture of iodine had been applied to the surface of the tumor for some time, but no results of any kind followed its use. The next treatment pursued had been the introduction of tincture of iodine into the tumor, by means of injections, every three or four days, and the application of the galvano-puncture. Under this method of treatment the tumor diminished in size. The patient was lost sight of for some months. On September 23d the doctor was summoned in great haste, and found the patient insensible, cyanosed, and her respiration labored. For a few days before she had been suffering from a slight cold. The tongue was pulled out, with a view of allowing a freer access of air to the lungs, and ice was applied to the tumor; all treatment, however, proved of no avail, and she died asphyxiated.

*Autopsy.*—The autopsy had been made six hours after death. The sterno-hyoid and sterno-thyroid muscles were incorporated with the capsule of the gland. The tumor extended from above the thyroid cartilage to the ninth ring of the trachea, and was divided into two lobes; these met behind the trachea and œsophagus, thus enclosing them. In some portions of the tumor small cysts were found. The tumor was very vascular, and belonged to that class called struma gelatinosa vasculosa.

#### Osteo-myelitis—Fracture of Femur.

Dr. Erskine Mason presented a specimen of the shaft of the femur, which had been removed from a boy, aged six, who had been admitted to Bellevue Hospital on November 4th, 1874. The previous history of the case had not been satisfactory, as it could not be determined how he had been injured; it was said that he fell upon some stone steps, and had injured his leg. On admission, the leg was flexed upon the thigh, and the thigh upon the pelvis; there was no swelling of either leg or thigh, but the latter was intensely painful to the touch; no fracture was detected. The temperature in the axilla was 103°, and for the first five days the little patient was restless and delirious at night. At the end of a few days swelling of the thigh commenced, and soon extended from the knee to a few inches below the trochanter. On December 23d fluctuation was detected, an incision was made, and pus and blood discharged. Shortly afterward synovitis became manifested. To counteract the flexion of the leg and thigh the weight and pulley were resorted to. On January 7th, 1875, a swelling was noticed near Poupart's ligament, an incision made and pus evacuated. A seton was introduced through this incision, and passed out through the former one; the discharge of pus became profuse. The condition of the patient remained about the same, but at times he would grow worse, the temperature reaching 104°. While the house surgeon was dressing the wound, on February 15th, he detected a fracture of the femur at the junction of its middle and upper third; it was supposed to be fracture of the involucrum by all the surgeons. Extension of the limb was kept up by means of weight and pulley. The opening above Poupart's ligament gradually closed. A consultation was held, and an operation was deemed necessary. On April 3d an incision was accordingly made on the inner aspect of the thigh, to the extent of four inches, and, contrary to expectations, no involucrum was found, and no vestige of new bone could be detected; fracture of the shaft and not of the involucrum had occurred; this was removed, and a plaster of paris splint applied. On May 28th, the wound had healed, the plaster splint was removed, and it was found that the patient could raise the affected limb at right angles with the trunk. He soon was able to walk with crutches, and in June he was discharged from the hospital cured.

Dr. Mason was of the opinion that the case was one of osteo myelitis at the onset, and that the periosteum subsequently became involved. The boy was exhibited; he could use the limb well, and the shortening amounted to $1\frac{1}{8}$ inch.

#### Ossification of the Latissimus Dorsi, Scaleni, and Erector-Spinæ Muscles.

Dr. E. P. Gibney brought before the society a girl, aged ten, who was the subject of ossification of the latissimus dorsi, scaleni, and erector-spinæ muscles. Some months ago she had suffered from diphtheria, which left paresis of the vocal cords for some time afterward. In the early part of last spring she noticed a difficulty in bending her body forward. She was brought to see Dr. Gibney, by her mother, on September 14th, for right scoliosis.

Dr. Janeway said that the case was a rare one, and the first he had ever seen; that the disease was progressive in character.

Dr. Knapp stated that he had seen a case of the kind in Heidelberg, in a woman aged 30, where most of the muscles were involved, and that the disease was still progressing.

Dr. Janeway thought that it would be advisable to divide the tendon of the latissimus dorsi, in order to free the arm.

Dr. Heitzman suggested the use of lactic acid, internally, in small doses.

**New Growths in Liver—Pseudo-leucæmia.**

Dr. Janeway presented sections of liver which were the seat of new formations. The history of the case was as follows: Samuel Jones, aged 36, had had syphilis, and had been intemperate. Entered Bellevue Hospital on August 28th, 1875. He complained of feeling cold every morning, this chilliness being followed by profuse perspiration. His urine had been examined. It was acid; its specific gravity 1014, and contained no albumen; nothing abnormal was found on microscopical examination. Large doses of quinia and tinct. ferri chloridi were given. At the end of two weeks no improvement had taken place. He was then attacked with diarrhœa, and became very anæmic. Three days before death he was seized with pain in the epigastrium. On examination no tumor was found in that region. The liver and spleen were both enlarged, but the former more so than the latter. No casts were found in the urine. Leucocythemia was suspected, but no increase of white blood corpuscles was perceived under the microscope. On the evening of October 3d he was seized with pain in the epigastrium, and in the right and left hypochondriæ. He died in a fit of syncope, which was induced by colic.

*Autopsy.*—Heart and lungs normal. Liver enlarged and infiltrated, no nodulation, moderately firm on section. Small white new formations were seen in and around the smaller portal canals. The spleen was from one-half to twice its normal size, and, on section, presented, here and there, a whitish appearance, due to hyperplasia. The lumbar and mesenteric glands were slightly enlarged; the axillary and inguinal not at all. The marrow of the femur was red, instead of yellow, as is found in healthy bone. The microscopical examination of the liver revealed round lymphoid cells, imbedded in a reticulum; in some places one, while in other places two, might be seen; some white globules were also seen arranged in the reticulum. The osseous tissue contained a very small amount of fat.

Dr. Janeway thought that the liver had acted as a filterer of white globules, and, had the case not terminated at this stage, it would have probably progressed further, and would have been one of leucocythemia. The interesting point was the existence of moderate enlargement of the spleen and the condition of the liver in connection with so slight an enlargement of the lymphatic glands.

**Lipoma.**

Dr. Post presented a fatty tumor, weighing five and a half pounds, which he had removed, by operation, from a man aged 60 years. It was situated on the shoulder, and had been growing for nine years. Hemorrhage had followed ulceration of the integument, due to the distention of superficial veins.

**Apoplexy—Convulsions—Atheroma of Cerebral Vessels—Death.**

Dr. J. Lewis Smith presented the brain of a man, aged 52, who had been admitted to Charity Hospital on September 24th, 1875. He complained of pain in the occiput and lumbar region, and had been affected with right hemiplegia, and paralysis of the left side of his face, for some time. Five days later, while on the grounds adjoining the hospital, he was seized (at 1 P. M.) with convulsions of the right upper and lower extremities, right side of the trunk, and right side of the face. The convulsions were not well marked, but continued for most of the afternoon. At three o'clock the pulse was 120; temperature in the right axilla 107¾°, while in the left one, it was 103½°; one hour later it was 108° in the right axilla, and 104° in the other. The pupils were dilated most of the time, but would contract now and then. He passed into a state of coma, which continued until death took place, at 6.30 P. M.

*Autopsy.*—Twenty-four hours after death. On examining the brain, flattening of the convolutions of the left hemisphere was seen. About half of the arteries at the base were in a state of atheroma, and their calibre thereby diminished. Between two and a half and three ounces of serum escaped from the ventricles, and the posterior cornea were distended with it. Small cysts, about the size of a pea, were found in both hemispheres (posterior and middle lobes), corpora striata and optic thalami. There was one point in the pons varolii, where absorption of its substance had taken place. In the left corpus striatum, a clot, of recent formation, was found, about the size of a pea; this had, probably, occurred at the time of the convulsions. The posterior portion of the corpus callosum and fornix were absent, and only one inch of the former remained. The liver was cirrhotic and the kidneys fatty. The points of interest in connection with this case were: first, the difference of temperature existing on both sides of the body at the time of the convulsive seizure, and second, the inconsiderable degree of softening of the brain that existed. The effusion of serum in the lateral ventricles, which occurs in these cases, is, according to Rokitansky, a compensation to supply the intracranial deficiency resulting from the absorption of the brain tissue.

Dr. Janeway said that the cross paralysis was particularly interesting, and was probably due to the condition found in the pons varolii.

**Tumor of Testicles.**

Dr. Heitzman then showed the microscopical appearances that he had found in a tumor of the testicle, that had been removed by Dr. H. B. Sands. He discovered a peculiar tissue separating the tubuli, which was composed of round and spindle-shaped cells; he also detected the presence of hyaline cartilage and bone corpuscles. In the midst of the epithelial elements

he found sarcomatous tumors. He thought the tumor was to be regarded as malignant.

## MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

### Relationship between Diphtheria and Scarlatina.

BY DR. T. B. EVANS.

In the few remarks I shall make this evening I am sensible of the fact that I am treading upon dangerous ground, as some of the bright lights of our profession have already flashed out the signals of warning by proclaiming that diphtheria and scarlet fever are widely separate one from another. and are as distinct in their nature and causation as small pox and cholera. But sometimes it happens in life that bold hearts and steady hands will risk even danger, in their fixed desire to reach the haven of truth, and rush onward to victory or death, heeding not the note of peril, regardless of the cost, trusting only in the justice of their cause and purity of purpose.

For a long time I have been deeply impressed with the idea that there is some subtle influence, some hidden mystery, that lurks about these two diseases, making them as children of the same parents, with lineaments diverse, with expressions different, so much alike as to claim a unity of origin. I have frequently had under my care in a single family, at one time, two or three well marked cases of scarlatina, and also several as well defined cases of diphtheria; all children; each disease running its definite course without conflicting with the other. And then again, I have treated cases of diphtheria wherein the skin of the patient has been covered with the characteristic mark of scarlet fever.

It is admitted by all writers on this subject that there are instances in which the two diseases are mingled so completely as to deceive the best judgment; and, in my own experience, I have treated cases in which I was in doubt whether I had under care diphtheria or scarlet fever. Be it remembered that scarlet fever may occur without any eruption whatever, but with the throat symptoms so well marked as to leave no room for doubt that we have the same under treatment, and yet I hold that in such cases no man can tell, from an examination of the throat alone, whether the patient has diphtheria or scarlatina. We often say that he has one or the other, but our decision is made from the history of the case, the general surroundings, and from the fact that there is an epidemic of diphtheria or scarlet fever prevalent at the time, and as the history of these two diseases shows, beyond cavil, that they prevail always about the same time, one following in the wake of the other, or existing together in the community, the certainty of our diagnosis being altogether free from error is by no means established.

In Meigs and Pepper's work, upon diseases of children, you will find language strongly corroborative of this fact. They say that, notwithstanding the apparently distinctive features of the diphtheritic deposit, it is impossible, by mere ocular or microscopic examination, to distinguish it from the pseudo-membranous deposit in cases of ordinary scarlet fever.

In Ziemssen's Cyclopædia of Medicine, Prof. Oertel also says, upon this point, distinctive as are the symptoms with which diphtheria appears in its clearly marked forms, yet it is quite often difficult, in individual cases, to decide if diphtheritic disease be present. In general, one is less likely to err in the diagnosis during an epidemic of the disease, than in sporadic cases, in which a definite distinction is often extraordinarily difficult to find. In the whole list of subjective symptoms, there is no single one which would be completely indicative and conclusive in the diagnosis. And just as impossible would it be to give a complete and well defined picture of a diphtheritic attack which would correctly represent every case at all times. A circumspect weighing of all the diagnostic points, a careful review of the general symptoms, a close ocular inspection and physical examination, and a microscopical examination of the patches adhering to the mucous membrane, are essential to form a conclusive opinion in doubtful cases.

In the same work, Vol. ii, in speaking of scarlet fever, Prof. Thomas says that diphtheria can be a complication of the mildest as well as of the severest forms of scarlatinous throat affections. In every case, it naturally obscures the characteristic appearance, and augments the intensity and danger of the simple form, partly by the accession of the consequent local symptoms, and partly, also, by the diphtheritic constitutional infection. It can complicate scarlatina in every stage of the disease. First, in the stage of incubation, so that the symptoms of scarlatina and diphtheria appear simultaneously; or the diphtheritic symptoms may precede those of scarlatina, thus causing the error of supposing that only one disease is present; or, as most frequently occurs, after scarlatina has already existed for several days, the throat symptoms suddenly become aggravated by the occurrence of diphtheria; or, it appears immediately after the scarlatinous process has run its course in the skin and throat; or it occurs during the convalescence from scarlatina, with or without complications. In like manner scarlatina may, at any time, complicate diphtheria.

It is very evident from the quotations here made from high authority, that there is some intimate relationship existing between the diseases in question: one so completely glides into the other that we have the singular instance of two disorders, generally described as distinctly separate, existing at the same time. In the whole range of diseases I do not know of a parallel. The etiology of the two stand upon a like basis. The pathogenesis of scarlatina is still a mystery,

and remains to-day, as it was forty years ago, an unsolved problem. With diphtheria we remain in the same condition, with this fact, however, well established: that any one of the varied causes enumerated as productive of the scarlet fever poison applies with equal force, and is as well substantiated by testimony, in reference to diphtheria.

Dr. Anderson, of England, who has given some considerable attention to this subject, remarks, that in every case of diphtheria he has seen he has been able to trace the actual presence of scarlet fever in the house, or in the immediate neighborhood. This statement accords with my own experience, and I hazard the assertion that there is very rarely seen a pure case of diphtheria that cannot be traced to the actual presence of scarlet fever. At the same time I would also state that I believe that many cases of diphtheria, so called, are, in reality, not cases of diphtheria. The old putrid sore throat, mentioned by authors, is not diphtheria, but very often it is so called, and so treated, by physicians. That kind of sore throat you may see without being able to trace the cause in scarlet fever, but, I repeat, you can always do so in a pure case of diphtheria, as described by Bretonneau. We have stated that the symptoms of the prodromic stage of diphtheria and scarlet fever resemble each other so much that hardly any difference can be noted. Now let us look, for a few moments, at the sequelæ of scarlet fever as compared with diphtheria It seems to me reasonable to infer that like causes will produce like effects. The cause of variola produces the effects seen in a case of small-pox; the cause of measles produces the effects seen in a case of measles. The cause of variola cannot produce the effects seen in a case of measles, nor the cause of measles produce the effects seen in a case of small-pox. This rule holds good in all diseases of a specific character. Now the sequelæ of all diseases are but the effects produced by the inroads of the destruction of tissue made, or the disorder produced in the functions of certain organs of the body, by the materies morbi generated and propagated by the cause. Now all diseases of a specific nature have the power of election, and most all of them have some destructive point in the body, where the force of the morbid cause seems to be expended. The sequelæ, therefore, of most diseases of this class differ. There may possibly be, in some cases, a slight similarity, but as a general rule, the sequelæ differ as much as the diseases do. This fact being established, it follows, as a natural sequence, that if the sequelæ differ, the diseases cannot be the same, and if they do not differ, the diseases must be the same. That is very plain logic and easily understood.

Let us enumerate the sequelæ of the two diseases, diphtheria and scarlatina, and see how far they go to prove the assertion that they are brothers, generated by the same parents, and nurtured by the same pabulum. The sequelæ following scarlatina are, dropsy, albuminuria, otorrhœa, diarrhœa, rheumatism, swelling of the cervical glands followed by abscess, endocarditis, paralysis, heart clot, impairment of vision, deafness, aphasia, etc. Precisely the same sequelæ follow diphtheria. I have seen every one of the sequelæ I have named follow both diseases. There are others that might be mentioned; you will find them laid down in the literature of our profession, but I have not seen them in the course of my practice, and prefer to name those only that I have noted. If the premises laid down in the remarks before made, in relation to sequelæ and disease, be true, then it is proper to deduce therefrom the fact, that the two diseases under consideration, being followed by the same chain of sequelæ, must originate from the same cause, and are a unity, not a duality.

Another fact of some significance might be mentioned. I believe that the rule applicable to the majority of zymotic diseases applies also to diphtheria. I mean the rule that teaches us that diseases of this class occur but once. We know that the rule has its exceptions, for scarlet fever, small-pox, measles, etc., may occur a second time. In a practice of twenty years, I do not remember of having seen diphtheria occur more than once in the same individual, and I am free to say that I have made the mistake, as many others before me have done, of calling putrid sore throat and tonsillitis, diphtheria. But I am now able to tell the difference, and with this fact in full view, I repeat that, as a general rule, diphtheria never occurs but once in the same person. This assertion is in direct antagonism to the writings of many distinguished men.

I do not practice in hospitals and large infirmaries, whence more than one half the assertions made by eminent men have their origin, being based upon a few facts that may have come under their supervision, but in the lanes and alleys, broad streets, and broader avenues of a commercial city, where vice, desolation, wealth, and poverty dwell, and where disease may be seen under all these diverse circumstances, and where the earnest man and thinker will find that the condition in life has a vast deal to do with disease.

There is still another fact bearing upon this question: that diphtheria, true diphtheria, will protect from scarlet fever, and give as effectual a check to its progress, as vaccina does to variola. Ten families, numbering in all about forty children, I have been the regular medical attendant of for years. Epidemics of scarlet fever have been numerous in their immediate neighborhood. Schools in which these children were enrolled as pupils have been noted as the foci from which many cases of scarlet fever have radiated. They have been exposed to the morbid influence of scarlet fever over and over again, and yet they have never had the disease. It has never appeared in any one of these families. I was led, from this circumstance, to ask myself the question, why is this? and in the endeavor to find an answer, I collated the facts

above stated. In every one of these families have had, at different times, well marked cases of diphtheria; in fact, with the exception of some of the parents, every member has been, some slightly, others badly, affected with it, and several of the children have died. To this diphtheritic influence I have attributed the exemption of those who survive from scarlet fever. Possibly the data are insufficient to satisfy the skeptical, and the source not high enough to make issue with the noted authorities upon this point; but all I ask is for a fair, unbiased interest in the matter by the members of the profession, sufficient to make them take notes, in future, of every case of diphtheria they are called upon to treat in the young, and follow them up until they have passed the susceptible age to scarlet fever. Do not take it for granted that what has been written must be so, either in this instance or in the numerous articles bearing upon this subject that are to be found in the text books. John Hunter laid down the axiom that two diseases cannot co-exist in the system. He was good authority in his day. Prof. Thomas, in Ziemssen's Cyclopædia, says, in the article on scarlet fever, that two diseases can exist in the system at the same time. Who is right? I agree with John Hunter: one disease must control, subdue or hold in check the other, and this alone would lead me to the conclusion that where two diseases are so commingled as to deceive the best judgment as to which is which, or, in other words, if you have the rash of scarlatina coupled with the gray patch of diphtheria, or *vice-versa*, you must have the same origin for both. I confess my inability to give the nature of the causation. It is involved in much obscurity. Abler minds than mine have expressed themselves in like manner. We are, therefore, compelled to take our stand upon the facts presented to us while viewing the diseases as they occur in the course of professional life. And looking at the fact that they, in their course, pursue the same route, stop and fix their stamp upon the same organs, and leave behind them traces of their travel in the destruction of the same tissues, and disorganization of the functions of the same part of the animated body, it would seem to be fair to infer therefrom that they both have inherited the same destructive tendency from a common ancestry.

## VERMONT STATE MEDICAL SOCIETY

The sixty-third annual meeting of the Vermont Medical Society convened at Montpelier, Wednesday, October 13th, president L. C. Butler in the Chair. Minutes of the last meeting were read by Dr. C. P. Thayer, and approved. Dr. S. Putnam, treasurer, rendered his report, and the same was approved.

### REMARKS BY THE PRESIDENT.

To-day we meet to hold the sixty-third anniversary of the Vermont Medical Society, to talk over the toils of another year, and contribute our quota to the accumulated research and progress of the past. The by-laws of this society make it the duty of each member to present the details of a case in practice, if not a more elaborate paper. The object of this rule is that every member may feel that he has an interest in the welfare and prosperity of the society, and he trusted that each had come heavily freighted with practical experience, and would take part in all the discussions of the meeting.

After briefly referring to the work laid down in the programme, he said that a medical congress had been suggested, to be held at Philadelphia during the centennial exhibition, and that it is important that this society be represented. He would therefore recommend that delegates be appointed, and that the secretary correspond with the proper officers of the Centennial Committee, and report to the delegates what may be expected of them. He then referred briefly to the bills to regulate the practice of medicine and surgery, and for the establishment of a State Board of Health, which have been discussed before this society, and presented by its committee to the legislature, but which failed to be enacted, and were summarily dismissed; and yet, if each of these bills had become laws they would have contributed vastly more to the welfare and health of the people than to the profession of medicine. Therefore, in order to elevate the standard and compel the extension of knowledge in all the branches of medical science, and higher attainments in medical literature, and so make better and more intelligent men and skillful physicians, he would recommend that a committee be appointed on legislation, and that they be instructed to urge the importance of these to the people and the legislature; New York and New Hampshire have passed similar laws, by large majorities. He then directed attention to the constitution and by-laws, and made such suggestions as he could to interest the county and local societies, to make them auxiliary to the state society, and, if possible, to awaken a greater interest among the five hundred physicians of the state, and thus increase the interest and efficiency of this society. He wished it might include every regular and well educated physician in the state. To this end, he says, what shall be done? As members of the noblest profession, next to the clerical, we need arousing to duty. The state society would die of inanition if its existence depended upon the attendance and efforts of three-fifths of the physicians of the state. They shut themselves up in the narrow limits of their own ride, and no effort can bring them from their hiding places. They lose largely by not attending these meetings—the association of ideas being a stimulus to study and effort. He therefore desired suitable action upon this point. In conclusion he paid a feeling tribute to those deceased during the past year, and those also of the last decade, and mentioned such names as J. N. Stiles, of Windsor, George M. Hall, of Swanton, Earl Cush-

man, of Orwell, Stevens, of St. Albans, Rublee, of Montpelier, Sprague, of Williston, Tenney, of the Asylum, Woodward, of St. Albans, Warner, of New Haven, making honorable mention of each, and suggesting an obituary committee, that suitable notices and record be made of such as have not already been noticed.

SANITARY REFORM.

Dr. S. Putnam then read a paper on Sanitary Reform, in which he argued, at some length, the importance of thorough drainage, proper construction of sewers, and a judicious condition of privies about large school buildings, factories, etc. He cited numerous cases from eminent authority, and from his own experience, where scarlatina, typhus and typhoid fever emanated from the inhalation of foul sewer gases. These he termed preventable diseases, and thought, as the community became enlightened upon the proper hygienic principles, the mortality would be very much lessened.

Dr. J. Draper, of Brattleboro, being unable to be present, sent his paper, upon the "Pathology of Insanity," which was read by the secretary. This was a thorough review of the subject, from the days of Dr. Bush to the present time.

INFANTILE MORTALITY.

At 3 P. M. Dr. Butler read an address, in which he gave the following statistics: More than one-fourth of the decedents in this State are under five years of age. From 1857 to 1873, there were more than 20,000. Of this number, more than one-half were under one year old; 3500 were between two and three; 1600 between three and four; 1200 between four and five. These figures, he said, were nearly exact. He then made a comparison with New York city and other large places, which appeared to no better advantage. The announcement is startling, and the inquiry forces itself upon us, why is it? Is it unavoidable or can it be prevented? Is it necessary that so many children shall die, or is there some way in which a part of their lives can be saved? To direct attention to the fact and suggest a remedy, was the object of his paper. It embraced all or many causes of infantile disease, such as improper food, clothing, general management in the nursery, hereditary causes, etc. Then followed some valuable suggestions as to hygienic management, etc.

This paper elicited some discussion from many of the members and delegates.

At the evening session, Dr. Geo. Dunsmore read a criticism upon the

DIRT THEORY OF TYPHOID FEVER.

In this paper the doctor took exceptions to much that has been said and written upon dirt or filth, as such, being the cause *ab initio* of typhoid fever. Filth, independent of the specific poison, would not develop the disease. This was an elaborate and classical paper, and touched upon sanitary matters to such an extent that the discussion took a wide range and was participated in by Drs. Putnam, Fassett, Kendall, Prof. Frost, Drs. Green, Parmalee and others

Prof. Goldsmith, of Rutland, read a few extracts from Dr. Budd's late work on typhoid fever, and then proceeded to give his views of the germ theory: propagation and development being dependent upon their own definite and specific cause, that is, the cause that produces fever exerts its poisonous influence upon the intestinal canal, through the medium of the saliva, causing fever and nothing else. He stated this view to Virchow, when in Germany, who concurred in it, and Clyne, of England, had made some very fine microscopical observations upon it, by his suggestions.

Dr. Emma H. Callender read a paper upon some obscure nervous disease, giving its cause, as far as known, symptoms and treatment. As the case is still under treatment, we refrain from publishing it at this time.

Dr. Atwater read a paper upon the use of alcohol as a medicine. He spoke of its use as a stimulant, as a remedy to prevent waste, etc., as a support in the decline of life.

Puerperal Fever was next discussed by Dr. Clark and others. The following officers were elected for the year ensuing:—

L. C. Butler, President.
H. S. Brown, Vice-President.
S. S. Clark, Secretary.

After electing the usual delegates to other societies, and passing a vote of thanks to the railroad companies for fare one way, the society adjourned to Newport for the semi-annual meeting. S. S. CLARK, M. D., *Secretary.*

# EDITORIAL DEPARTMENT.

## PERISCOPE.

### The Use of Cold in Scarlatina.

In the *Lancet*, September 4th, Dr. J. T. Eddison says, quoting several cases showing the value of cold in this disease:—

All sorts of objections have been, and still are, urged against the use of cold in scarlet fever. Danger is said to arise from "driving in the rash," from internal congestion, from the rapid loss of body temperature and consequent depression, and it is also said that the risk of renal mischief is thereby increased. If

it were proved that the occurrence of nephritis is more frequent after treatment by cold, it would be a very valid objection to the practice of it, and the real truth can only be learned by an examination of a large number of cases. From my own experience I am inclined to disbelieve that any harm results in this way. The fear of the occurrence of nephritis from this cause originates, no doubt, in the generally accepted opinion that the affection of the kidneys so commonly occurring after scarlet fever is due to "draughts," or "catching cold," or to leaving bed too soon. I think this opinion is not founded upon sufficiently good grounds, and that every one in the habit of seeing cases of scarlet fever must often have seen nephritis beginning before, as well as after the patient has left his bed, and as often in cases kept in warm stuffy rooms, as in those in which fresh cool air has been freely admitted to the sick chamber. "Catching cold" is made to do duty as a cause of so many conditions for which we can find no better explanation, that it is adopted at once and without hesitation, in order to account for any otherwise inexplicable phenomena. There appears, at any rate, to be no good ground for assuming that cold bathing increases the chance of an attack of nephritis, and in the two cases here reported the urine did not become albuminous after repeated bathing. Objections on the ground of the trouble and increased expense in nursing are scarcely worth consideration, if it is true, as I believe it is, that this mode of treatment is better than any other. The difficulty is perhaps less in treating scarlet fever than in dealing with other cases, because the patients are usually young and easily lifted in and out of the bath, but when, from the weight of the patient, or the weakness of the attendants, it is impossible to use the bath, the patient may easily be packed in wet sheets, with or without pieces of ice placed here and there, or india-rubber bags, or large bottles filled with ice, may be placed around the patient. The bath gives better results than any other plan, when it can be thoroughly carried out, and the most satisfactory way is to begin with the bath at 98° or 100°, and cool down gradually to about 70°. It is, of course, better that the temperature of the patient and of the water should be frequently taken, but the hand is generally a good enough guide as to the water, and the appearance of the patient always indicates the improvement in his condition. This is well illustrated in the case of S. F——(aged eight), near the end of the fifth day. The little patient was then drowsy and delirious, the temperature being 104°, and three-quarters of an hour in a bath, beginning at 90° and cooled down to 68°, resulted in the cessation of delirium and drowsiness, and a reduction of the temperature (in axilla) to 95°. In the case of M. A. S—— (aged four), a similar bath for one hour reduced the temperature from 105·3° to 95·6°. There was no dangerous depression, or bad symptom whatever, from this low temperature. In scarlet fever, as in other allied disease, the cardiac impulse, and the character of the heart sounds are safer guides as to the condition of the heart and circulation, than is the pulse at the wrist, the latter being often very deceptive.

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### Infectious Pneumonia.

Dr. A. W. Blyth, of Devon, writes to the *Lancet*:—

During the present year there has, however, been so intense an epidemic of pneumonia in the district that I am connected with, and its infectious character so impressed the medical men, that some of them, indeed, regarded it as a new disease—a sort of new plague. For example, a practitioner of considerable experience, who must have seen hundreds of cases of pneumonia, writes to me thus:—

"The disease alluded to in your letter and annual report has puzzled me much. It is unquestionably a pleuro-pneumonia, which creeps on insidiously, first through one day, then the other. At the commencement of the first attack rigors and severe pain in the head, back, and legs, with, in some of the cases, persistent diarrhœa and great cerebral disturbance, have been unfailing symptoms." He then gives a list of cases, which, suppressing names, is as follows:—A man became ill of pneumonia in April, and died after ten days' illness. His wife caught the disease, her first symptom appearing three days after his death. About the same date a farmer's daughter, living a mile from the house of the former patient, became ill of pneumonia, and five other cases followed, all in the same parish, consisting of a small village and a few scattered houses (population 470). "Since November," continues the writer, "I have had, I should think, twenty cases. A farmer in another parish became ill on April 16th, I was sent for on April 18th, and he died about midnight. The servant woman went home ill of the same disease about a week afterwards, and gave it to her married sister with whom she was staying." I do not wish to argue that all the cases which have been returned as pneumonia were infectious; in all probability there are two common kinds of pneumonia, one possibly arising from cold or the like cause, the other zymotic; and these two forms are at the present time confused together, just as *typhus* and *typhoid* fevers were formerly distinguished by a common appellation. It is a noticeable fact that Grisolle asserted a discoverable cause (that is, in the nature of a chill) could only be affirmed in one fourth of his cases, Ziemssen in one-tenth of his, and Dr Wilson Fox could only trace any connection between exposure to cold and the diseases in 16 out of 53 cases. A consideration of these facts, and also one or two isolated instances of pneumonia occurring in fœtal life, has so far influenced medical opinion that ordinary pneumonia is, I believe, by the majority, considered as a blood disease, which the remarkable fall of temperature after the effusion has been poured into the lung, the fre-

quent occurence of albumen in the urine, and its whole course, unmistakably point to. Once considered as a blood disease, it is but a step to the idea of infection; but this idea of infection has hitherto been too hastily thrust aside, in a great measure from the frequency of a pneumonia as a complication of blood disorders. For example, it has been noticed in scarlatina, typhus, typhoid and rheumatic fevers, glanders, farcy, septicæmia, and erysipelas, and an inflammation of the lung is not uncommon in kidney diseases when the blood is loaded with effete products. In thus allowing that inflammations of the lung may be produced by a variety of causes, this admission in no single degree negatives the idea of a specific lung disease, in which the seat of election to which the poison determines is the air cells; so that just as scarlet fever determines to the skin, typhoid fever to the bowel, hydrophobia to the spinal cord, the pneumonic germ culminates in the pulmonary tissues. Besides, there is an infectious pleuro-pneumonia in cattle, and just as we have a small-pox and sheep have a small-pox, and just as we have a scarlet fever and horses have a scarlet fever (strangles), and as we have a typhoid fever and animals have a typhoid fever, all of these not identical, all of these probably not communicable from one species to the other, but strictly analogous; so if it be established that man is affected with an infectious pleuro-pneumonia, it will only add another link in the mighty chain of evidence of the intimate connection of the animal and human organisms

With the powerful aids to clinical research of the present day, surely it is not too much to hope that the separation and identification of this form of pneumonia are not impossible. That such a form exists, *infectious*, *zymotic*, *self-propagating*, I feel in my own mind convinced.

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### Carbuncle and Felon.

The following views on the treatment of these affections are given by Dr. C. P. Gage, in the *Transactions* of the New Hampshire Medical Society, 1875:—

"In the treatment of carbuncle, erysipelas and furunculi my treatment has always been based on the theory that they are all blood diseases. After clearing the prima via, the free use of ferri muriate, quinine, and other tonics, together with some stimulants, and good nutritious food, will seldom fail to effect a cure. Local application may afford some comfort, but will do little, if anything, further than that towards a cure.

In carbuncle, constitutional treatment, with soothing poultices, will do all that can be done to restore in any case. Crucial incisions should never be resorted to. The whole thing is nothing more nor less than an inflammation of the cellular tissue running on to death of the part. When the separation takes place, recovery takes place, if the system does not succumb.

In the felon, the same general plan must be followed, with a free incision of the part, merely with the expectation of procuring ease from pain caused by the distention."

In the *Transactions* of the Medical Society of the District of Columbia, Dr. Triplett speaks of the efficacy of his treatment of carbuncle, viz., amputation. Hoped every one would try it for himself. What was the objection to it? Was it that we destroyed too much tissue? Carbuncle destroyed its own tissue and took weeks and months to do it. A few days ago he amputated a carbuncle, and the result was so decided that it clearly proved it to be the best treatment. The patient, a negro, aged 40, had a large carbuncle upon the back; the entire back was œdematous. He had suffered for seven or ten days; 10 grs. of quinia and 3 of opium did not relieve the pain. Dr. Triplett gave chloform, made a long incision (we could not make skin flaps in the usual way but must cut the tissues like cheese), and cut out the solid mass afterwards. Hemorrhage was profuse, for these things are wonderfully vascular. Result was, that to-day the patient had no pain, fever gone, appetite good, the man was himself again. Carbuncles take their own time; we should cut them out, and the sooner the better. The hemorrhage was immediate, and in fact, removed from the general circulation; we had no shock. Would not hesitate to amputate, even after sinuses had been established. He cited the case of a widow Keller, of Woodstock, Va., whom he found in a typhoid condition from carbuncle. Her husband had died of the same disease. Feeling that unless relieved she would certainly die, he removed the whole diseased tissue, and the patient made a speedy recovery.

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### Eliminants in Cases of Debauch.

Dr. McSherry says, in the *Transactions* of the Medical and Chirurgical Faculty of Maryland, "The wide-spread use and abuse of alcohol in our country brings under the care of every practitioner many varied forms of alcoholismus, from the primary poisoning or intoxication, to the chronic and hopeless impairment of all the animal organs and tissues. In mania-a-potu, as distinguished from delirium tremens, we have found elimination much more safe and useful than narcotism. Those agents which start the secretions freely, as the officinal nitrous powders, or spt. mendereri, with the addition of a few drops of antimonial wine in each dose, or purgative saline waters, should always precede the use of narcotics, if, indeed, the last become at all necessary. Perhaps the much-vaunted use of digitalis owes its success chiefly to the diuretic properties of the drug. The value of eliminants in the *delirium ebriosorum* is the more obvious when we remember that drinking men in whom alcohol in excess produces vomiting or purging suffer much less from its remoter effects upon the organism than those who are capable of "carrying" large and cumulative quantities of the noxious agent. We

have often found *lupulin* in the ordinary doses very grateful to the stomach and nervous system of patients impaired by debauch.

## Reviews and Book Notices.

### NOTES ON CURRENT MEDICAL LITERATURE.

——"The History of the Philadelphia School of Anatomy, and its relations to Medical Teaching," is the title of a lecture delivered last March, at the dissolution of the school, by Dr. William W. Keen, and now neatly printed in an octavo pamphlet, by J. B. Lippincott & Co. It is an excellent summary of a branch of the local medical history of Philadelphia.

——The *Archives of Dermatology*, a quarterly journal, devoted to diseases of the skin and venereal organs, is very well edited by Dr. L. Duncan Bulkley, and published by the firm of G. P. Putnam's Sons, 308 Fourth Avenue, New York City. The first volume may now be had, neatly bound in cloth, $3.00. The second volume commenced in October, 1875.

——Dr. L. Duncan Bulkley has also recently described two cases of exophthalmic goitre, associated with chronic urticaria, illustrative of the relations of the nervous system to diseases of the skin. Reprint from the Chicago *Journal of Mental and Nervous Diseases*. Another article by him, on the relations of the urine to diseases of the skin, has also been thrown into pamphlet form, and may be had of G. P. Putnam's Sons, New York City.

——Dr. William Gleitsmann, of Baltimore, has done a much needed work in collecting the statistics of mortality from pulmonary phthisis, in the United States and Europe. He has entered upon the task with unusual care, and with a scrupulous hesitation of drawing premature inferences. His results make up a pamphlet of fifty-three pages; for sale by Turnbull Brothers, Baltimore.

——There has appeared the first number of the *Paris Médical*, a weekly journal, to be devoted to practical medicine and surgery. It is edited by Prof. J. A. Fort, who, in explaining the aims and objects of his enterprise, says that it finds its *raison d' être* in the present neglect of therapeutical instruction from which the students of Paris are suffering.

——A new medical monthly, entitled *The West Virginia Medical Student*," appears from Wheeling, under the charge of Dr. James E. Reeves. The first number promises well. Terms $2.00 per annum, single copy 25 cts.

——The Homœopathic *Medical Investigator* pathetically exclaims that homœopathic medical journalism doesn't pay. "Unless homœopaths pay more promptly and subscribe more liberally, our best journals will wane and stop."

### BOOK NOTICES.

**Lectures on Syphilis, and on some Forms of Local Disease, affecting principally the Organs of Generation.** By Henry Lee, Professor of Surgery in the Royal College of Surgeons, England, etc. Philadelphia, Henry C. Lea, 1875. 1 vol., 8vo, pp. 246.

We have here a series of ten lectures, delivered by one of the most distinguished London surgeons. Several of them have already appeared in various medical journals, but, as a whole, they are quite fresh, especially to the American public.

The writer states his principal object to be to illustrate some of Hunter's doctrines which the labors of more recent but less gifted men have unfortunately obscured. One of the most important theoretical doctrines which is maintained, is the essential difference of the morbid processes in which the constitutional and local forms of syphilis respectively have their origin; while one of the most practical is the discussion of the pathology and treatment of the discharges from the prostate gland, Cowper's glands, and the vesiculæ seminales.

Of the important points made by Mr. Lee, we would mention his denial of the larvated or urethral chancre of Ricord (Lecture viii). This celebrated explanation of some cases of mysterious syphilitic infection he ascribes to the "powerful imagination" of the eminent syphilographer. His own interpretation is that such instances are those of sero-purulent discharges from secondary syphilides in the urethra. Such discharges are "very frequent," and are nearly always mistaken for gonorrhœa. They constitute a notable percentage of those bothersome cases of "gleet" with which every physician has had most unsatisfactory experience. "If the real nature of the affection be ascertained, a mild course of mercury will often cure the patient without any difficulty." That this is one

of the most significant objections to the marriage of a syphilized individual, is obvious.

As a consequence of such opinions, Mr. Lee draws the really startling conclusion (p. 203) that, "the infecting form of syphilis in the present day is much more generally communicated by secondary affections than by primary."

The chapters on urethral discharges will interest every one. Following Hunter's view, the author believes, and quotes various cases in point, that the seminal secretion and that of the vesiculæ seminales, can be re-absorbed by those bodies themselves, and that it is not, in the proper sense of the term, an excretion which must pass off from the body. On this topic he reads a lesson to medical teachers in the following words:—

"It has been assumed and taught in public theatres, by men old in years, but, perhaps, not in wisdom, that the elimination of semen is as necessary to health as the discharge of the bile or the urine. It is not so. In man and in animals, in a state of nature, and uninfluenced by exciting causes, the testis has the power to deal with its own secretion; and so have the vesiculæ seminales."

This decided opinion deserves quotation, for it criticises, and we believe justly, a pernicious and false doctrine, which shows itself in immoral recommendations in the consulting room, and in unfounded excuses for profligacy in social life.

What has been said will, we trust, convince the reader that Mr. Lee's book is one he will lose more in not reading than he will risk in buying. That is our opinion of it.

**A Treatise on Human Physiology; designed for the use of Students and Practitioners of Medicine.** By John C. Dalton, M. D., etc. Sixth edition, revised and enlarged, with 316 illustrations. Philadelphia, H. C. Lea, 1875. 8vo, pp. 825.

This standard work comes to us in the sixth edition with such extensive additions, that it may be spoken of as almost a new treatise on the subject. The matter now, for the first time, increases the text half as much again. It is chiefly on the two subjects, physiological chemistry and the nervous system. The activity in these departments has, in fact, been surprising during the past few years. Many problems of social life and mental philosophy, which our ancestors sought to solve by other methods, have been found to be questions in physiology, and hence the growing importance of that science.

Nothing better illustrates the improved plans of study adopted in it, than a remark in Professor Dalton's preface:—"In nearly every division of physiological study, a prominent feature of recent progress has been the increased attention paid to quantitative investigation. The conviction has, apparently, become general, that in physiology, as well as in other natural sciences, the knowledge gained by any method of study is essentially imperfect, until its results can be stated in figures."

This we take to be the cardinal doctrine of all scientific investigation, pathological as well as physiological. Until a thorough grounding in the mathematical principles of study be a part of every medical student's education, medicine may make some progress as an art, but will never rank as a science.

In the nervous system, Dr. Dalton gives, with approval, the researches of Hitzig and others, on the localization of the functions of the brain, but apparently holds Helmholtz's theory of musical harmony under doubt, principally on account of the absence of Corti's body in singing birds.

The most recent studies on nutrition and excretion are carefully summed up, so far as they warrant positive opinions; but the numerous theories they have started are very properly dismissed with great brevity.

The volume is well printed and liberally illustrated, though several of the impressions look as if the plates were considerably worn.

**Transactions of the New Hampshire Medical Society, held at Concord, June 1875.** pp. 164.

Several noteworthy scientific papers are included in this volume. The article of Dr. E. Cutter, Against the Use of Wheaten Flour, is curious. The report on Surgery, by Dr. C. P. Gage, makes some good points, but his denunciation of uterine surgery is narrow and exaggerated. Dr. Childs' contribution, on Sanitary Measures in Rural Districts, deserves the study of country practitioners. The report on Splints, by Dr. George E. Hersey, contains some good suggestions. The address by the president, Dr. Nahum Wright, is quite equal to most such addresses. The oration, by Dr. Goodhue, deals with the question of insanity in a legal aspect.

THE

# Medical & Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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## THE ANTISEPTIC SYSTEM IN SURGERY.

Professor Lister, of Edinburgh, has, for ten years past, made a most energetic effort to convince the profession that by protecting a wound from the air and using antiseptics locally, it will heal much more kindly and promptly. The profession, however, has manifested a somewhat remarkable unwillingness to be converted.

Mr. Lister and his disciples allege that by regularly carrying out the principles of antiseptic surgery, pyæmia, erysipelas, and all the evils of hospitalism, may be reduced to a minimum, if not altogether prevented. Testimony in confirmation of this statement has not been wanting, either in this country or on the Continent. But even here the opinion of surgeons is not unanimous.

There is, in the *Allgemeine Medicinische Centralzeitung*, September 18–27, the report of a long discussion in the Berlin Medical Society, on the subject, which discloses a wide discrepancy of opinion. The important point made by the defenders of the system is the necessity of not allowing any opportunity for putridity to begin by conducting the operation in a cloud of carbolated vapor, produced by a mechanism for the purpose.

This matter is well put by Mr. Edward Lund, of London, in a late lecture. His words are:—

"Surgeons forget, or perhaps they have never seriously thought of, the fact, that the antiseptics which we employ, at least those now generally in use, are valueless to arrest putrefaction when once it has commenced. If the term so employed, and which is in every one's mouth, "anti-septic" (against septicity, against putrefaction), could have been written *ante*, and read *ante-septic* (before septicity, in the order of time), and if this simple principle could have been thoroughly inculcated into the professional mind, it would have been of immense value, and would have taught us the necessity of beginning our efforts to prevent putridity at the very earliest moment after the air could touch some divided structure of the body with which nature never intended it to come into direct contact; and if this idea were generally and systematically recognized, an immense advance would be made towards a more cordial reception of the leading principles of our practice in this mode of treating wounds.

That these principles must at last be received and adopted in the practice of surgery, no one can doubt who has watched the progress which they have already made and are still making among operating surgeons. The day cannot be far distant—if it be not already very near at hand—in which the great founder of this system, on which he has worked with energy and earnestness, and yet with the modesty of true genius, shall witness the best of all rewards—its universal adoption."

This is certainly a view of the case too frequently overlooked by operators, and on its recognition the fate of the antiseptic method may depend.

Meanwhile, to illustrate the value of the method in a most dangerous accident, we quote the following case of wound of the knee-joint,

reported by Mr. Pick, to the Clinical Society of London:—

"The patient, a sawyer, aged eighteen, wounded his left knee with a saw, dividing the patella longitudinally and grooving the end of the femur. The halves of the patella separated widely, exposing the joint. The wound was sponged out with carbolic acid, and the edges being brought together with catgut suture, the wound was injected with carbolic lotion (1 in 40). Several layers of carbolized lac plaster were applied, and the limb supported in a cradle. There was some febrile reaction, and on the third day the dressings were renewed under the carbolic spray. There was little or hardly any discharge. There was effusion into the knee-joint, which subsided rapidly. Progress was slow, somewhat delayed by burrowing of pus behind the leg. The discharge was very free and copious, but always inodorous. The patient was discharged in July, 1872, about four months after the accident, anchylosis having taken place. He was seen in May of the present year; there was firm bony anchylosis. Mr. Pick remarked upon the usual statement that compound fracture of the patella offered no resource but amputation."

In such a case as this, ordinary treatment would hardly have saved limb and life. We have witnessed patients suffering from apparently much less severe injuries of that articulation fall victims to conservative surgery, carried out on the old methods.

## VACCINATION AND REVACCINATION.

There must be no let-up in the efforts to diminish small-pox. The epidemics which have prevailed this year in a number of localities in the heart of our country warn us that much, very much, is yet to be done before we get the better of this formidable disease.

The points which deserve especial notice are, just now, two:—

1. The opposition to vaccination at all.
2. The neglect of revaccination.

A writer in a London contemporary says that every one who publishes a birth in his family is sure to receive, in a day or two, a postal card from the anti-vaccination society, warning him against vaccination, as dangerous and destructive. The dangers alleged are chiefly two—the risk of syphilitic infection and the probability of consumption.

Now the first of these can be absolutely guarded against by the use of bovine virus; as for the second, it is a matter of inquiry. We put the question here again, as we have put it once before: can any relation between phthisis and small-pox be shown? Chiefly, does an attack of the latter confer immunity from the former? Any careful study of this question, we shall be glad to publish, no matter what side it leans to.

Of less importance is the negative assertion, that vaccination is no protection. Persons of this description point to the late epidemic, which, according to their figures, has, in France, carried off 200,000 victims, and ask what confidence can henceforth be placed in the efficacy of vaccination, which has evidently become diminished in power, if not radically powerless?

To this, one reply is, one-third of the population of France is still deprived of the benefit of vaccination, and that there are some departments, as Aveyron and Corsica, in which scarcely twenty per cent. of the inhabitants are thus protected. It is this circumstance which aggravates the mortality of variola, and renders epidemics so dangerous, even for those who have been vaccinated.

Another is that long humanized virus diminishes in protective power. We have lately seen a number of arms vaccinated from fresh bovine virus; and in seeing them, we have witnessed for the first time in our lives a real typical Jennerian pock. It has convinced us that the virus loses largely in power by transmission.

As to the question of revaccination, it has been well handled recently by Dr. C. P. King, in the Cincinnati *Lancet and Observer*, whose conclusions we quote:—

"From extended and close observations, the following deductions are warranted:—First.

Infantile vaccination is an almost perfect safeguard until the fourteenth year. Second. At the beginning of the fourteenth year the system gradually loses its capability of resistance, until about twenty-one, when many persons become almost as liable to small-pox as if they had not been vaccinated. Third. This liability remains in full force until about forty-two, when the susceptibility begins to decline, and continues for seven years to grow less and less, becoming extinct at about fifty or sixty, the period of life when the general revolution of the body begins to take place, during which the system yields to decay, or takes a new lease of life for two or three terms of seven years each. Fourth. The great practical use to be made of these statements is:—Let every youth be revaccinated on entering fourteen. Let several attempts be made, so as to be certain of safety. As the malady is more likely to prevail in cities in winter, especial attention should be given to the subject at that time.

## Notes and Comments.

### Therapeutical Notes.

PERUVIAN BARK IN SORE THROAT.

Dr. Holden recommends the following formula, as exceedingly efficacious in diptheritic scarlatina and other forms of sore throat:—

℞ Corticis peruvianæ flav., ℥ij
Acaciæ pulv. ℥j
Sacch. alb., ℥ss. M.

S. Mix one-half of this powder in a tablespoonful of cream, and apply frequently with a camel's-hair brush.

PRURITUS.

For the intolerable pruritus common in fall and winter, many physicians use Dr. L. Duncan Bulkley's prescriptions, given in the *Transactions* of the American Medical Association. We repeat them here:—

*Unguentum Anti-pruriticum.*

℞ Pulv. gum camphor.
Chloral hydrat. āā ℥j.

Grind well together in a mortar, till they form a fluid, and add slowly, simple cerate, one ounce.

*Liquor Picis Alkalinus.*

℞ Potass. causticæ ℥j
Picis liquidæ ℥ij
Aquæ ℥v. M.

Dissolve the caustic potass. in the water, and add gradually the tar, mixing them well in a mortar. Use in solution with from 8 to 16 parts of water.

DENTAL NEURALGIA.

Dr. J. Sawyer says, in *The Practitioner*, "I have rarely found gelseminum fail to give decided and lasting relief in cases of neuralgic pains in the face and jaws, associated with carious teeth. I have usually given fifteen mimims of the tincture every six hours."

ATONY OF THE INTESTINAL TRACT.

Dr. R. McSherry has found the following prescription give signal relief, in cases of torpor of the large and small intestines.

℞ Fl. ext. secal. cornut. ℥vij
Acid phosphor. dilut., ℥j. M.

Teaspoonful three times a day. The phosphoric acid heightens the effect of the ergot.

### On Damiana.

An advertisement with the following heading has been visible on prominent pages of several journals lately:—

DAMIANA.

A POWERFUL APHRODISIAC AND SPECIAL TONIC FOR THE SEXUAL ORGANS OF BOTH SEXES.

We consider this both a false and indecorous advertisement. Damiana is a Mexican herb, possessing slightly tonic properties The fluid extract advertised is made by a pharmacist who keeps the source of his supply secret, and the material he furnishes has not the properties he claims for it (See Reporter, Aug. 14, 1875).

Any one who advertises a stimulant for the "sexual organs of both sexes" deserves severe reprobation. Will the regular medical journals which backed this proprietary nostrum at the start defend it now?

### On Medical Evidence.

The eminent obstetrician, Dr. Robert Barnes, observes, in a recent lecture:—"Seldom, probably, does a scientific witness leave the box quite easy in mind as to whether he has spoken 'the truth, the whole truth, and nothing but the truth' And not seldom does he experience the mortification of finding what he has said utterly wrested from its proper meaning by the

perversity of counsel, or misunderstood by the court and jury. The theory that through the conflict of opposing counsel, by examination and cross-examination, and the impartial interrogation of the court and jury, the truth is elicited, often signally fails in practice. The questions of counsel are generally prompted by hints gathered from books, or by experts sitting at their elbows. But they are very wary in accepting these suggestions. They may not understand them; and, if they do, they may, in their discretion, fear that the answer drawn will damage their case. Thus it constantly happens that the expert is only allowed to say so much of the truth as may suit the purpose of counsel; and every one knows how detached fragments of truth may be made to support a false argument.

### Coming Articles.

Early in the year our readers will be treated to an article by Dr. S. Weir Mitchell, on headaches, and one by Dr. William Goodell, on practical points in gynecology, either of which, we venture to predict, will be equal to any article which these able writers have laid before the medical public.

### The Causes of Typhoid Fever.

Dr. Edwin M. Snow, in his last report as City Registrar of Providence, says, of this disease:—

"In regard to the causes of the fever, in one instance the well water seemed to be the undoubted cause of several cases; but it is certain that, in a large number of cases, neither well water nor cesspools were the cause. It will be noticed that, of the whole number of decedents from fever, two-thirds were of American parentage. Those who are familiar with the localities in which the fever prevails, and with the far worse localities that are comparatively exempt from it, must be satisfied that sink-drains and cesspools are not the chief causes, nor even the prominent causes of this particular disease, in this city."

### Jaborandi.

A note in the New York *Medical Journal*, states that, at Bellevue Hospital, Dr. Janeway has been using jaborandi, but has not been able to get as satisfactory effects as have been reported by some observers. One drachm of the powder was given, in the form of an infusion of four ounces, and at the end of half an hour there was an increase of the temperature of ½°, with slight tendency to diaphoresis. In the second case, one drachm was given mixed with water, and again no result followed, beyond an increase in the frequency of the pulse. In the third case, Dr. Knox, the house physician, took one drachm mixed with water. In forty-five minutes marked salivation occurred, but no diaphoresis.

### Railroads as Narcotics.

The English papers have been discussing the narcotic influence of railway traveling. The matter is explained thus, in a letter to an editor:—"You say that the narcotism is due to the vibrations of sound. This is partly true, but it is as much or more due to the so-called vibrations of light—*i. e.*, due to the *fatigue* of the ear and eye. Of course, fatigue of the ear alone, or of the eye alone, is sufficient to produce sleep, but in the case of railway traveling these are conjoined, the monotony of the sound being the cause of fatigue of the ear, and the rapidity with which objects travel into and out of sight, the cause of fatigue of the eye."

### Building Associations as Sanitary Measures.

At the last meeting of the British Social Science Association, Mr. Godwin read a paper entitled "Homes for the People, etc." He referred to the beneficial action of building societies in Pennsylvania, which provided cottagers with their own houses, by small periodical payments.

It is gratifying to find this Philadelphia institution spreading. Properly managed, a building association is one of the most beneficent institutions possible, for laboring men and mechanics.

## Correspondence.

### Cranial Lock in Twin Birth.

Ed. Med. and Surg. Reporter:—

On the night of October 17th, 1875, I was called to attend Mrs. S. A. D., aged 30 years, primipara. On reaching the house, about 11 o'clock, I found that she had been in labor three or four hours, the pains now strong, and recurring at short intervals. An examination revealed a male fœtus, presenting by the breech, the left hip under the arch of the pubes, and

the nates engaging in the vulvar orifice. The labor progressed rapidly until the body was exposed almost to the shoulders, when it seemed to be arrested. Having drawn down a loop of the cord, I also drew the arms down over the breast, and placing one of the fingers of my left hand on either side of the cord, to shield it from pressure, I passed them up in front, to search for the chin.

To my surprise, I encountered another fœtus, presenting by the vertex to the right acetabulum, as nearly as it might, the head of the first being packed above the pubic symphisis. I made an effort to press the head of the second upward and aside, so as to permit the first to be born, but as the fœtuses were of good size, and the contractions strong, and as the head of the second had already engaged in the superior strait, the effort was unsuccessful.

Having no instruments with me, I dispatched a messenger for Dr. W. S. Throckmorton to bring his instruments and meet me in the case. He arrived about two o'clock. In the meantime, the head of the second fœtus had been packed tightly in the cavity of the pelvis, and the neck of the first stretched tightly beneath the pubic arch. On a consultation, it was agreed to subject the first fœtus, in which all signs of life had disappeared, to decapitation. Dr. Throckmorton accordingly performed the operation and removed the body, after which the second was expelled spontaneously, and found also to be dead. The head of the mutilated one was then extracted with the forceps. The placentæ, which were united in one mass, followed in a few minutes, the whole procedure occupying about half an hour. The pains continued good to the last, and the woman had a good "getting up."

Had decapitation been performed on the first fœtus immediately upon the arrest of its descent, the life of the second would, undoubtedly, have been saved. I am convinced, by their size, that they could not possibly have been delivered by the forceps, as was done in one or two reported cases. If the forceps were at hand, however, I should make the attempt before resorting to the operation, while the child was yet living. T. Benton Hill, M. D.

*Nineveh, Pa., October 30th*, 1875.

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### Another "Freak of Nature."

Ed. Med. and Surg. Reporter:—

The account of the elephant pig, given in the Reporter of November 6th, by J. W. Bright, M. D., of Lexington, Ky., induces me to give a description of a somewhat similar monstrosity which I have in my possession. This is also a pig, and is perfect, with the exception of its head, which bears a striking resemblance to that of a rhinoceros, having a cartilaginous horn, nearly an inch long, projecting upward from the end of the nose. It has but one eye, and that considerably larger than the natural eye of a young pig, and placed directly in the centre of the forehead. The eye, to all external appearances, is perfect. And nature seems to have made no effort whatever to introduce eyes in the usual position, as that part of the head is as smooth as the young porker's back.

The mother of this young "Freak" was the property of a farmer living on a cross-road about two miles from town; and was one of those honest, steady-going country sows that had never attended a circus or menagerie, and had never seen a rhinoceros. Neither had she been visited by any of Vulcan's venerable blacksmiths—the Cyclops; nor fed by a cross-eyed servant; and, so far as we have been able to ascertain, her mind had never been harrowed up by a perusal of John G. Saxe's poem of "Polyphemus and Ulysses."

With all this array of negative evidence in the case, we can but conclude, that while it cannot be *disproved* that the *fœtus in utero* may be affected by impressions made on the mind of the mother, yet a large share of the freaks of nature, deformities, imperfections, nævi, etc., must be otherwise accounted for, or remain among the unaccountable things of earth.

G. W. Nesbitt, M. D.

*Sycamore, Ill., Nov. 12th*, 1875.

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### The Rational Treatment of Gonorrhœa.

Ed. Med. and Surg. Reporter:—

I notice in the columns of the Reporter, a disuse of "the regulation cubebs and copaiba," in the treatment of gonorrhœa, on the part of many physicians. If the ball is not already at the foot of the hill, I desire to add my mite to help it there.

Some time ago Mr. M. called at my office. I learned that eighteen months previous he went to his physician for treatment for an acute case of gonorrhœa. He was at once put upon the "old, reliable balsam-copaiba and cubebs" course, and given a solution for injection, strong enough to remove entirely the epithelium from the urethra. The result was just what one would expect. The yellowish-green discharge, the œdematous prepuce, the swollen glans, instead of disappearing at the end of ten days, as they should, under sensible treatment, continued, constantly aggravated by other as nauseous and stimulating diuretics, and pernicious injections. A form of cystitis was developed, and gleet and stricture followed, which I verily believe were the result of the treatment. For months he had had "pin-head" gleet. Discharge not abundant; just a mere running; only enough to moisten the meatus. While abstaining from any excess, he enjoyed almost a complete immunity from pain; upon any indulgence, however, there was difficult micturition, pain in the perineum and urethra.

I believed it to be a case of stricture. It was with the utmost displeasure that he consented to the introduction of the sound. Upon its introduction it passed readily in, till a little beyond the bulbous portion, when it was arrested;

but constant, steady pressure for a moment overcame the resistance, and it went into the bladder. Here was the proof.

He positively objected to treatment by dilatation, and I therefore did not take the case. I followed it for some eight weeks, in the hands of another, who put him upon internal treatment and injections, with no success. At this time he left the place, and I have not since learned anything of the case, but believe, without different treatment, his course is still "onward."

May 17, 1875. Mr. S. called upon me, saying he had been under treatment for fourteen days for gonorrhœa. He had been taking the "sovereign remedy," "balsam copaiba and cubebs," but growing constantly worse. Do not know as any injection was used. He presented the following symptoms: glans red and swollen, prepuce exceedingly œdematous, soreness along tract of urethra, discharge highly tinged with blood, and excessive. His own words were, "I must have help soon or this will kill me," and not without a little foundation was the conclusion. Discontinued the "balsamic preparation," put him upon saline diuretics, gave him a weak solution of sulphate of zinc, acetate of morphia and soft water, as an injection, to be used just as soon as inflammatory symptoms began to disappear. He had no other treatment, and in some two weeks was well. Saw him a few evenings ago, and put him upon same treatment for another attack, which speedily yielded, without those disagreeable, alarming symptoms, the concomitant of "balsam copaiba." I am unwilling to believe that these old remedies are of any use, and I must freely confess, that experience teaches me that they are not only of no use, but work positive mischief. DANIEL E. THAYER, M. D.

*Huntington, West Virginia, Nov.* 4, 1875.

# NEWS AND MISCELLANY.

### Philadelphia Medical Society.

The next conversational meeting of the Philadelphia County Medical Society will be held, Wednesday November 24th, 1875, at 8 o'clock P. M., at the hall of the College of Physicians. Dr. L. Turnbull will read a paper on "Clinical observations on the importance of relieving pain in acute affections of the ear." The medical profession are cordially invited.

### Personal.

—The Faculty of Medicine of Paris, and, indeed, the profession at large, has sustained a great loss in the death of Dr. Lorain, which occurred suddenly, on the 24th of October, in the forty-eighth year of his age.

—Dr. D. A. K. Steele has been appointed one of the Assistant Surgeons of the Woman's Hospital of the State of Illinois.

### Items.

—A young man, accompanied by two police officers, entered a dissecting-room in Montreal, some time ago, and laid claim to a dead body, which he declared was that of his grandmother. No resistance was offered, and the stranger quietly removed the corpse.

—Prescott says, of the ancient Aztecs, "Hospitals were established in the principal cities for the cure of the sick and the permament refuge of the disabled soldier, and surgeons were placed over them, 'who were so far better than those in Europe,' says an old chronicler, 'that they did not protract the cure in order to increase the pay.'"

## OBITUARY.

### DR. JAMES S. McCLELLAND.

Departed this life, at his home, in Crawfordsville, Indiana, August 29th, 1875, James S. McClelland, M. D. He graduated from the Ohio Medical College, at Cincinnati, Ohio, in 1850. A man of great force of character, and an enviable reputation as a physician and surgeon, he went down in the harness, at the zenith of life and reputation, by that dreaded disease, phthisis pulmonalis.

At the beginning of the late war he entered the service as Lieutenant Colonel of the 15th Illinois regiment, but was soon appointed Medical Director on the staff of Gen. Seigel, in Missouri. After a period of service there, he was transferred to the department of the Tennessee, where he served as Inspector General of Field Hospitals. He remained in this capacity till the fall of '63, when he received an injury which compelled him to resign.

In 1864, his health having much improved, he was chosen Surgeon of the 135th Ind ana volunteers, but was soon called to other and varied duties. Finally he was appointed to a position upon the staff of Gen. Sherman, but did not reach the command in time to take part in that memorable march.

He was buried in due form, by his brethren of the Masonic Fraternity, of which Order he was a worthy member. T. J. G.

## MARRIAGES.

BARWIS—ROGERS.—At the Methodist Episcopal Church, Old Bridge, N. J., on the 28th of October, by the Rev. E. Barwis, Elmer Barwis, M. D., of Hamilton Square, N. J., son of the officiating clergyman, and Hallie A. Rogers, of Old Bridge.

WHITE—SULLIVAN.—In Indianapolis, Indiana, by the Rev. J. W. Sullivan, D. D., Dr. Silas M. White, of Kokomo, and Miss Carrie E. Sullivan, daughter of Thos. H. Sullivan, Esq.

## DEATHS.

BOLES.—At Lucas, Richland county, Ohio, November 11th, 1875, of acute encephalitis, Gracie, only daughter of Dr. R. S. and Katherine Boles, aged 6 months and 20 days.

CROWELL.—At his residence, at Richland, Ark., on the 29th of August, Dr. Buckner K. Crowell, of swamp fever, in the 37th year of his age.

THE

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## Original Department.

### Lecture.

### ACUTE JAUNDICE, WITH CEREBRAL SYMPTOMS.

BY WILLIAM PEPPER, A. M., M. D.

Delivered at the Philadelphia Hospital, Oct. 5th, '75.

REPORTED BY JOHN GUITERAS, M. D., PH. D.

The following case was exhibited to the class, and formed the basis of the subsequent remarks.

Charles Young, æt. 33. American; intemperate; carpenter. Four weeks before admission, after having been drinking to excess, he noticed pain in the epigastrium, and jaundice, followed by vomiting and great prostration. It was with the greatest difficulty that he walked to the hospital. When first seen he was in a semi-comatose condition, and had just vomited a small amount of dark offensive matter. The face and trunk were quite yellow, but the hands were bluish, cold and clammy. The tongue was heavily coated; pulse 42; respirations 7 in the minute. His temperature ranged between 97° and 98°. The liver was slightly enlarged. Four ounces of a rather dark, offensive urine were drawn from his bladder. Its examination revealed an acid reaction. No albumen, sugar, leucine or tyrosine present. No excess of urates or phosphates, but a marked increase of uro-hematin; bile pigment, red blood corpuscles and leucocytes were present in small quantities. After repeating an injection of croton oil, four passages of dark offensive fecal matter were procured.

After defining the term jaundice, the lecturer prefaced his remarks by stating that jaundice is not a disease, any more than cough, pain or dropsy are diseases. It is a symptom which may be due to morbid conditions of the blood, or to various alterations of the hepatic function. Thus, from the first cause, we find it in pyæmia, and in yellow fever, etc.

Prominent among the causes of jaundice from hepatic disturbances, we find the different forms of obstruction of the bile ducts. In these cases, if the obstruction be due to the passage of a gall stone, the attack is sudden, attended with intense suffering in the region of the gall-bladder; and we often learn, on inquiring, that similar attacks have preceded. As the already formed bile is prevented from reaching the intestines so long as the gall-stone is passing through the duct, we have, in this class of cases, proof of its absence from the bowel, in the clay-colored stools; and of its re-absorption, in the intense jaundice and the dark urine, heavily loaded with the biliary acids and coloring matter. There is also an absence of marked cerebral symptoms.

We get no such history from our patient; we find the stools dark-colored and offensive, the urine not so heavily loaded, and he presents signs of a profound poisoning of the nervous centres, a typhoid condition, and a great disturbance of the circulation and respiration.

There is another class of cases where the jaundice is due to a destruction of the hepatic tissue and consequent arrest of its secreting action. Here belongs one of the most fatal of diseases, namely, acute yellow atrophy of the liver. This affection has been frequently met with in pregnant women between the ages of 20 and 35, but it has also been found in the

male. The attack is preceded by a feeling of lassitude and some pain about the region of the liver. Vomiting soon sets in, and may become incessant, regardless of the ingestion of food. The yellow discoloration of the skin is not very intense, and may be confined to the face and trunk. The extremities present a bluish tint, and in the later stages they may be cold and clammy, as we found them in our patient. The urine is scanty, and there may be almost complete suppression. There are usually in the urine both albumen and blood corpuscles. The stools are dark and offensive, and hemorrhages may occur from any of the mucous membranes. There is intense prostration, the mind is dull, or there may be delirium and a typhoid condition verging on coma, with subsultus tendinum, and the mouth covered with sordes. The temperature is only moderately increased, and later in the case it may fall below the normal point. The pulse varies much; at times it is even slower than normal, but later, may become very frequent, feeble and small. Besides this, there is the most peculiar symptom of all, a rapid atrophy of the liver. The organ seems to melt away under observation, and in one week I have seen its area of percussion dulness reduced to one inch in breadth, the liver being diminished to one-half, or even less, of its size and weight.

You will, I am sure, have been struck with the remarkable resemblance between our patient's condition and this description of acute yellow atrophy, a disease of most fatal character. It is vitally important, then, to determine whether we have to do with a case of this affection. I do not know that there is anything in the general symptoms which could help us; but fortunately, in the condition of the liver and urine, we have symptoms which settle the diagnosis. You will have noticed, that although the case has been of some weeks' duration, and has reached a very grave stage, the liver, instead of being greatly reduced in size, is actually somewhat enlarged.

I have said that the condition of the urine was also opposed to the view that our patient had acute yellow atrophy of the liver. In this disease there is, in fact, an acute destructive inflammation of the hepatic structure, attended with a rapid fatty degeneration of the secreting cells. The function of the organ is abolished to a great extent; still, as there is no obstruction to the passage of whatever bile is formed, into the intestines, we find that the stools are dark. It follows that the biliary acids are absent from the urine, and bile pigment is present in but small quantities, if at all. More remarkable is the fact that urea is almost absent, together with uric acid and the chlorides. In place of them, we find two substances never contained in normal urine, namely, leucine and tyrosine. The latter presents itself in the shape of needles, which may appear isolated or aggregated in fan-shaped groups or spheres. Leucine consists of opalescent, homogeneous drops, or spheres formed of concentric layers.

Now, on examining our patient's urine, by adding a drop of nitric acid to a few drops of urine on a plate, a play of colors, green, blue, violet, red, and finally green, proves the presence of some pigment, though the coloration of the urine is chiefly due to an excess of urohematine. Pettenkoffer's test for the biliary acids shows that these are absent. In addition, leucine and tyrosine are absent, and albumen is not present in a demonstrable quantity. I feel no hesitation, in consequence of these conditions, to form the conclusion that this is not a case of acute yellow atrophy of the liver.

We may also find jaundice following some profound nervous shock. Here the coloring matter of the blood seems to be suddenly decomposed, and symptoms may arise, similar to those of our patient. Indeed, such sudden impressions have been known to be the starting point of an acute yellow atrophy of the liver. Phosphorus and arsenic poisoning also bring about a disintegration of the liver, similar to the one we meet in acute atrophy, with symptoms not unlike those of our patient. But his history gives us no grounds for such suppositions.

Laying aside all the chronic diseases of the liver, I am forced, by exclusion, to consider this as a case of acute congestion of the liver, with catarrhal inflammation of the minute bile ducts. This gives rise to a partial suppression of function, and to the retention in the blood of a part of the effete, poisonous elements that enter into the formation of the bile. At the same time, a small amount of bile is secreted, some of which finds its way to the intestines, while a small portion is probably retained, owing to the obstruction of some of the fine bile ducts by accumulated epithelium, and is reabsorbed. Hence its appearance in the urine and in all the tissues.

It follows, from the nature of our case, that the mucous membrane of the stomach and intestines is engorged with blood. Vomiting has been caused by this condition, and it is probable, also, that some intestinal hemorrhage has occurred, and greatly contributed to the dark coloration of the fæces. The systemic congestion has found relief in epistaxis and hematuria.

After calling attention again to the slight enlargement of the liver as further supporting the diagnosis; and after giving a favorable prognosis, the lecturer passed on to consider the treatment of the case.

The indications for treatment are: to check vomiting, to relieve the congestion, and to start the secretion of bile. The first of these indications is indirectly carried out by depleting the portal vessels by means of hydragogue cathartics. The irritability of the stomach precluded their administration by the mouth, and an enema of croton oil in emulsion was ordered, with very good result. The congestion of the stomach and liver is also relieved by counter-irritation. This was carried out by means of a large blister over the epigastrium; and you will often find this procedure very effective in the arrest of vomiting. By the mouth he was given, every three hours, a powder, consisting of

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|---|---|
| Calomel, | gr.ss |
| Opium, | gr.$\frac{1}{4}$ |
| Subnitrate of bismuth, | gr.viij. |

Whatever views about the action of calomel on the liver have been based upon experiments on the lower animals, clinical experience has taught me that it is a most powerful drug in relieving congestion of the liver, and promoting the secretion of bile. It also stimulates the action of all the gastro-intestinal glands, while at the same time it causes no irritation to the mucous membrane. In this it was powerfully aided by the opium, and by the bismuth, in virtue of its mild, sedative, astringent action.

After taking the third powder, the vomiting ceased. At present the character of his urine is improving. The intellect is rapidly clearing, all disposition to coma having disappeared; the tongue is becoming clean and moist, and the circulation is returning to its normal condition. His diet has been restricted to milk.

October 19th, 1875. Since the lecture, the patient has been rapidly improving, and is now entirely convalescent. He is taking quinine and muriatic acid, to aid in restoring his strength and tone.

## Medical Societies.

### MEETING OF THE AMERICAN PUBLIC HEALTH ASSOCIATION.

The American Public Health Association held its annual session in Baltimore, November 9, 10, 11, 12. Members were present from all sections of the country. The officers for 1874–5 were the following:—

*President*, Joseph M. Toner, M. D., Washington, D. C.; *Vice President*, Henry Hartshorne, M. D., Pennsylvania; *Treasurer*, John H. Rauch, M. D., Illinois; *Secretary*, Elisha Harris, M. D., New York; *Executive Committee*, Stephen Smith, M. D., N. Y.; J. A. Steuart, M. D., Md.; J. J. Woodward, M. D., U. S. A.; J. S. Billings, M. D., U. S. A.; Moreau Morris, M. D., N. Y.; A. N. Bell, M. D., N. Y.

Dr. James A. Steuart, Health Commissioner of Baltimore, welcomed the association to that city officially, and in the name of every reflecting man and woman in the community, because the cause in which they had embarked touched the nearest interest of every grade and class of society, and awakened a sentiment of the deepest gratitude toward those engaged in the improvement of the public health.

Dr. Toner, President, then delivered his Address, in which he stated that more rapid progress can be made by developing, educating and leading public sentiment, than by attempting too soon to enforce compliance with sanitary laws. The growing necessities for increased sanitary precautions, created by an advancing civilization, are being understood and provided for, and the highest skill of the architect, the chemist, the engineer, and the physician is employed in the service. The discovery and recognition of diseases must precede their removal, and hygienic principles should become a part of primary education. More contributions to the literature of State medicine have been made since the last meeting of the Association, by American sanitarians, than have been published in any preceding year.

Dr. Ezra M. Hunt, of New Jersey, then read a paper on "Dwelling Houses in their Relations to Health." The salient question is, has the

building been so constructed and arranged as to preserve the health of its inmates? Circulation of air is too much impeded in its construction. A house should never be placed flat upon the ground. But if we dig a cellar, unless the soil is well drained, we have but dug a big hole, and made a terminal reservoir. If an outlet is provided, it is an expanded part of a continued drain. Now, it is never healthy to live in a drain. "I am convinced," says Inspector Stiles, of New York city, "that the health of a very large number of our business men is being undermined by basement offices in buildings constructed of iron and stone." If basements are not occupied, a new series of evils occurs. Then, as neglected cellars, they become still damper, or, as the storehouses for various goods, serve to convey fungoid spores hither and thither in their removal. Instead of making the walls porous, as they should be, the architect makes of them house dams, to keep back the pressure of the water from without. To this end the moist, compact material is chosen. He criticised whitewashing and calcimining of walls as inferior to painting, illustrating the retention of organic matter by cases in the New York Hospital, and as reported in the French Academy. Fireplaces should always be made available for ventilation throughout the building, where warmth is needed, for draught. Dr. Hunt then passed to the discussion of outside structure, and showed how porosity of building material, such as excludes draught, but admits atomized air, is the one important prerequisite.

After a brief discussion of this paper, Dr. Henry Hartshorne, of Philadelphia, read a contribution on "The Sanitary Condition of American Watering Places," in which he argued that a watering place is a kind of developed camp. The same principles of sanitary science and practice, essentially, are capable of illustration in both. In watering places the sanitary requirements least apt to be early and fully considered, are those concerning drainage and conservancy. Mount Desert and Lake Mahopac, have, within a few seasons, had their times of special reversal of that relation to health for which they have been visited from year to year. Newport suffered with it in 1854. Saratoga has had, during the present year, an increased mortality from diarrhœal disorders. An important problem is to obtain drinking water untainted by excrement or house drainage. Shall we avoid the ground as a source of water supply, or shall we endeavor to protect it from contamination? The first is a suitable measure, when arrangements are made for collecting rain water. When rain water is collected in a reservoir on top of the house, or by draining the rain fall from a slate roof, it should pass through a gravel, or better, a charcoal and gravel filter, before being used. At Atlantic City, two years ago, among quite a number of cottages in which typhoid fever occurred, all were supplied with water from wells, while every family drinking only rain water, escaped fever.

On the other hand, the non-contamination of the ground may be sought for by the use of sealed, non-porous privy wells, a method resorted to at Ocean Grove, New Jersey. Dr. Farr has tabulated the records of forty-eight English watering places for the spring of 1875, so far as refers to the total death-rate and to that from small-pox, scarlet fever, measles, diphtheria and whooping cough. He found great diversity in the average rate, varying from 12.6 deaths to 28 deaths per 1000. Such statistics need to have added particulars concerning mortality during periods when visitors throng these places. Dr. Hartshorne concluded with the following summary: First. A real danger exists to health at all watering places, in connection with the possible contamination of drinking water by soil saturation with ordure and house drainage. Second. To prevent this, one or both of two measures must be resorted to: (*a*). To use for drinking and cooking either rain water or water conveyed from a distant uncontaminated source. (*b*). To protect the soil from contamination by impervious walls of deposit for all matters of impurity. Third. The former of these measures may be always unhesitatingly recommended. For the latter to be carried out requires the existence of a controlling authority. Fourth. Sealed depositories of filth must be more liable than others to yield insalubrious emanations in the atmosphere. These may be removed by downward ventilation of trapped water-closets. Lastly. It is desirable that records of disease and mortuary statistics of the watering places of the United States be collected at some central point.

Dr. Elisha Harris, Secretary of the Association, next read an important paper on "The Progress of Sanitary Work during the past year." He alluded to the fact that other States, as Alabama, Georgia, etc., had followed the good example of Massachusetts, California, Michigan, and Minnesota, in organizing State Boards of Health. The State Board of Georgia is largely medical, being composed of nine members, "physicians of skill and experience," appointed by the Governor, and four ex-officio members, viz: The State Geologist, the Attorney General, Comptroller General, and the elected Secretary. The first three months' work of this Board resulted in more universal popular support, as well as the support of the medical profession, than any other State Board of Health has experienced, except, perhaps, Massachusetts. Every locality, and almost every practitioner of medicine in Georgia, has been brought into official relation to the State Board by the reporting of the current vital statistics. The statute under which the Board of Health of New Orleans exists also as the Board of Health of the State, confers only the shadow of authority to do or permit any effective sanitary service, being limited to quarantine and certain proceedings against pestilential diseases. It is no derogation to other State Boards to say that, with the smallest power of aggression and interference the State Board in Massachusetts

has excelled all others in the variety and effectiveness of researches, and in this respect has been the pioneer or helper of every other State Board of Health. The Registration of Vital Statistics for Michigan being under the direction of the Secretary of the State Board of Health, as the Registrar General, that Board has enjoyed signal advantages.

In a brief discussion which followed, Dr. Ezra M. Hunt, of New Jersey, stated that much more was to be expected from the awakening of a public sentiment than from the mere formal organization of state boards. It would be unwise to have such boards composed wholly of medical men; it savored too much of class legislation. In Massachusetts the moving power was a lady, the wife of a member of the Legislature.

Prof. Hartshorne thought the establishment of boards was the very best way to excite public attention, especially if appropriate statistics were generally published, to invite reflection.

Dr. E. Lloyd Howard, of Baltimore, next read a paper on "Legislation upon Sanitary Matters." He alluded to the sufferings of that city from faulty and incompetent legislation on subjects affecting the public health. Their large and expensive almshouse was constructed, literally, without the slightest thought of ventilation. He had been assured by the State Supervisor of Public Instruction, that in Baltimore there is but one public school house in which adequate provision has been made for proper ventilation. Futile efforts have been made for the past six or eight years to improve the condition of the harbor and of Jones' Falls, which he described as a small rivulet, flowing through the centre of the city, usually scarcely noticeable except by the stench. Thousands and thousands of dollars have been squandered, and Jones' Falls is just as it was twenty years ago.

He thought the Association should devote attention to the consideration of the best plan for organizing permanent city and state Boards of Public Works, to secure more efficiency and uniformity. Every public hospital, almshouse, county prison and school house should be built under the supervision of such a board, through its architect or engineer, and not be left, for their ventilation and other hygienic needs, to chance or the caprice of ignorant builders.

Dr. Franklin B. Hough, of Lewis county, New York, then presented a paper on "Public Health Interests concerned in the Preservation of certain Primeval Forests, and in the Cultivation of Groves and Trees." He examined into the direct effects of temperature, moisture, electricity, and other physical causes associated with them. A level country, covered with forests, with imperfect drainage and the presence of decaying matter, is less healthy than one exposed to the sun and open to the wind. The soil and stagnant air near the surface are overcharged with moisture, and the decaying vegetation will, in hot climates, often tend to malarious diseases, of a typhoid, and sometimes of a malarious type. As the organic matter in a soil becomes entirely decomposed, a region once noted for insalubrity may become quite free from malarious diseases, and exceptionally healthy. Belts of woodland intercept the sweep of winds bearing malarious emanations from the swamps, but whether this be from mechanical obstruction or from the absorption of the poisonous effluvia of the marshes, has not been sufficiently proved. The series of observations taken in 1867 by Dr. Ebermayer, Professor at the Forest Academy, at Aschaffenvberg, Bavaria, gives the following results: First. The average annual temperature of atmosphere in the woods is one and a half to two degrees, Fahrenheit, below that of the open fields. Second. The average annual temperature at the crowns of the trees is about one and one-eighth degrees above that found in dense woods at five feet from the ground, and in the former case the average is a little over half a degree below that of unwooded land at a point five feet above ground. Third. In spring the average temperature in the forest is about three degrees below that of unwooded land, the difference being relatively less among deciduous trees than among pines. Fourth. The average temperature in the day-time in summer, in thick woods, is nearly four degrees below that of unwooded land. Fifth. The temperature of the atmosphere within the woods in the summer season increases nearly four degrees from the ground to the tops of the trees. Sixth. In autumn the difference in temperature at five feet from the ground is scarcely one and one-eighth degrees. Seventh. In winter the difference almost entirely disappears. Dr. Hough also spoke of the influence of groves and woodlands on the electrical condition of the atmosphere, of the agencies of woodlands in fixing drifting sands, and the hygienic influences of forests.

At the evening session, Hon. F. C. Latrobe, Mayor of Baltimore, presided. After alluding to the fact that the civilized world is now alive to the absolute necessity of a full enjoyment of those great sanitary agents, air and water, he said: That this was appreciated by the Romans is shown by the ruins of the Cloaca Maxima, and the records that have come down to us, in the Theodosian and the Justinian codes, of the provisions made in those days for the election of the Archiatri Populares, or State physicians, who, collectively, formed a college, whose duty it was to attend to the preservation of the public health. After the fall of the Roman Empire, with the spread of Christianity, all attention to public health seems to have been entirely lost sight of, and it is only within a comparatively short period that modern civilization has acted upon the teaching of the Apostle in regarding cleanliness as next to godliness. London, with its annual average death rate of only 25 in 1000, to-day the healthiest city in all European capitals, is an evidence of the results produced by the application of science to the preservation of public health.

Prof. Henry Coppee, of Lehigh University, Bethlehem, read a paper on "Health, subject-

ively considered," in which he alluded to the necessity of having a sound mind in a sound body; to the study, by each man, of his own needs for the preservation of health; to faulty habits of eating and drinking; the need of proper exercise, etc. If men were more scrutinizing, avoiding every excess, and studying hygiene, there would be an absolute revolution in society. In the golden age of the future, the subjective study of mental health will have a large place. Though the human mechanism is strongly put together, we must not brutalize the machine. There are few finer touches than that which was said of a distinguished officer, that he was careful of his health but prodigal of his life.

A paper on the "Essential Conditions of Good Sanitary Administration," was next read by Dorman B. Eaton, LL.D., Chairman of the U. S. Civil Service Commission. These conditions are the following:—

First. A majority of the people, or those whose advice this majority will follow, have an adequate conception of the true meaning and scope of sanitary laws and administration.

Second. Such majority, or its accepted advisors, have faith in sanitary precautions, and adequate knowledge how to devise and apply them.

Third. Effective methods, in harmony with our constitutions, social conditions, and ideas of justice and policy, should be provided by statute, for securing that co-operation of persons of the most instructed intelligence, and the highest sense of public duty, in aid of such administration. There is such an absence of any common method, such contrariety of aim, scope and authority, as indicates pervading immaturity of thought, and calls for an examination into the first principles of sanitary administration.

The Federal Government has already sanitary laws on many subjects, such as ventilation and overcrowding of ships, hospitals and asylums; food, medicines and housing of soldiers and sailors. It is not necessary, nor would it be wise, to increase the jurisdiction of the nation at the expense of that of the States, and it would suffice if each within its sphere should widely exercise the power it possesses. As a Republic, proclaiming the common brotherhood of men, in presence of the evidence that the leading monarchies are now surpassing us in the protection given to life and health, even among the poor and humble—in view of the fact that commerce has woven all nations into such a network of dependence that a pestilence in Central Asia alarms the whole commercial world—can we longer as a nation fold our arms and take no part in the work of building up better physical manhood; of removing sorrow and sickness from homes; of increasing length of days, and days of comfort, here on earth?

After the reading of an interesting letter from Archbishop Bailey, contrasting past and present sanitary measures, the Association adjourned until Wednesday morning, at which time it again assembled, and after the election of a number of new members, listened to the report of the Treasurer.

Dr. John S. Billings, U. S. Army, then read the "Report of the Committee on the Plan for a Systematic Sanitary Survey of the United States."

The report refers to the attempts made by the National Institute, American Medical Association, and other societies, to obtain data for a comprehensive medical topography of the United States, and the causes of failure. The best data are found in the reports of medical officers of the army describing military posts, of which four volumes have been published, because the statistics of disease are given upon a uniform plan. In most papers on medical topography the medical part is left out, and in the best of them, only mortality statistics are given.

A medical topography should answer the following questions:—

First. What is the healthfulness, absolute and relative, of the place?

Second. What diseases will probably be aggravated and what relieved by residence at the place?

Third. What are the causes, local or endemic and climatic, of disease?

Fourth. What attempts are being made to improve the sanitary condition of the place?

After alluding to the difficulties in the way of collecting proper medical statistics, it was recommended that the attention of all medical societies in the United States be called to this subject, in order to secure, if possible, a system of registration of certain diseases.

Schedules have been prepared in such a way as to apply to all cities of 5000 inhabitants and upward, and relate to the following points:—

Location, population and climate, topography and geology, water supply, drainage and sewerage, streets and public grounds, habitations, gas and lighting, garbage and excreta, markets and food supply, slaughter houses and abattoirs, manufactures and trades, schools and school buildings, hospitals and public charities, police, prisons and crimes, fire establishments, cemeteries and burial, public health laws, regulations and officials, registration and statistics of disease, quarantine. Under each of these heads a number of questions have been prepared, covering every point, as far as possible.

Dr. Busey, of Washington, offered the following resolutions, which were adopted:—

*Resolved*, That the report be referred to the Executive Committee, with instructions to appoint a special committee, whose duty it shall be to carry into effect the plan for a systematic survey of the United States.

*Resolved*, That the Executive Committee shall memorialize the Congress of the United States to detail a medical officer, who, under the direction of the Surgeon General of the United States Army, shall coöperate with such committee in the prosecution of the duties of the committee.

The following are the names of the committee so appointed:—Dr. Elisha Harris, Chairman,

N. Y.; Drs. Ezra M. Hunt, N. J.; J H. Rauch, Ill.; H. B. Baker, Mich.; J. A. Steuart, Md.; C. B. White, La.; J. N. Logan, Cal.; J. S. Billings, U. S. Army; H. S. Brown. J. M. Toner, D. C.; J. M. Woodworth, U. S. Marine Hospital Service, with power to add to the committee.

An interesting communication was read from a health organization of thirty-seven cities on the Lower Rhine, with reports of their transactions, and desiring that the two societies might be henceforward bound by ties of friendship and fellowship.

Dr. W. C. Van Bibber, of Baltimore, read a paper on "The Necessity for and Selection of Summer Resorts for the different classes of People." There are more than 2000 of these that can be enumerated; over 500,000 people visit them annually. The amount of money invested in them is many millions. Fares to reach them sum up many millions more. It might be wise for counties or villages to regulate their management by law, as is done at Marienbad Spa, where no rooms can be rented into which the sun does not shine. Three hundred thousand invalids receive benefits from sanitary resorts annually; more cases of rheumatism and gout are met with there than any other disease. Sea side and exposed mountain heights should not be a first choice for a rheumatic. Sheltered places, medium altitude, and warm baths offer a better chance. Dry and stable climate should be selected. Regions affording a variety of baths of different temperatures, near together, are better. Next in number are sufferers from the effect of malaria. The remedy is in a removal to anti-malarial regions. A sudden and severe change is apt to be followed by chills and fever. The change should be gradual; they should not go to a great height too suddenly. A resort six hundred or eight hundred feet above the level of the sea, should be first tried. The same resort does not always produce good results in all cases. Invalids suffering from debility claim the third place in numerical importance. Sea bathing has a marvelous effect over this condition. But how long should one remain at the seashore? This will depend on the healthfulness of the resort. Dyspeptics and sufferers from neuralgia are a large class who seek watering places for health. The aged run risks in traveling to and from resorts where the climate is too rigorous. For old and young suffering with dyspepsia, the multiplicity of resorts affords means of relief. Chronic abdominal and pelvic diseases require easy traveling; not too far or too long. Astringent iron waters, carefully used, bring relief. The effect of distance traveled should be considered. Where shall the consumptive go? Almost every one has an interest in this question. (A map was shown by Dr. Van Bibber, having but three small white spots upon it; one is amongst the Cumberland mountains; another in the mountains and hills of Western North Carolina, South Carolina and Georgia, of which the towns of Asheville and Aiken are the centres; the third is the northern part of the peninsula of Florida). During the last year over 20,000 consumptives visited this peninsula for their health. Consumptives should go where they can be most days out of doors.

Should those consumptives in the third stage of consumption go to resorts? A removal out of impure city air is sometimes the best chance for relief and life. It has been proposed by the President of this Association to organize villages or camps outside the cities, further than the parks, for the relief of poor invalids. The money value of all healthy persons has been estimated by statisticians. The expense of sickness, with all its factors, is the largest item a corporate body can have. The large sums already invested in parks, given for excursions, and which must be spent to forward sanitary camps or villages, may be found hereafter to be the greatest economy.

Professor Geo. H. Cook, State Geologist of New Jersey, read a paper on "the Drowned Lands of Orange Co., New York, and Sussex Co., New Jersey, and the Sanitary and Economic Importance of Drainage for them;" after which, Dr. Sanford B. Hunt, of New Jersey, presented one on "Soil Drainage, and Atmospheric Humidity." He discussed these subjects in their relations to health and disease, and stated that at Niagara Falls and Buffalo, in the year 1854, when the cholera was raging in those cities, the severity of the disease depended entirely upon the humidity of the atmosphere, and that as the dew point went up the death rate correspondingly increased. He considered the effects upon the humidity of the air caused by deep soil drainage, and instanced occurrences of epidemics among men and beasts, due to the effects of such drainage, and thus bringing to the surface the poisons contained in the soil.

Professor H. R. Noel, M. D., of Baltimore, read a paper on "Sewer Gas as a cause of Diphtheria, Membranous Croup, and Typho-malarial Diseases," in which he said that the question of action of sewer gas upon the human constitution is difficult of solution. The malign influence stamps its mark upon all classes. In one family, consisting of eleven members, a disease of an endemic character broke out, and three of them had scarlet fever, and five diphtheria. The cause was a sink, the effluvium from which was terrible. In some of the patients the two diseases were blended. In another family, a mother and daughter were stricken down with typho-malarial fever. In each of them the cause was the same—exhalation from sinks or sewers. Our ordinary vital statistics give only deaths. No mention is made of confirmed invalids and of those who suffer through their lives from the effects of causes of this kind. Few practitioners are daring enough to tell wealthy citizens that their privies are uncleanly and that their sinks are not emptied frequently enough. The doctor would lose his practice, for the family would call in another physician The duties of the Legislature and City Council are, to enact laws for the suppression of these

nuisances, but they cannot do it understandingly unless accurate data of the needs of the cities are furnished them.

At the afternoon session, General Egbert L. Vielé presented a valuable paper on "Drainage, Sewerage, and Water Supplies of Cities." He illustrated his remarks by a large map, including New York city, and twenty-seven other cities and villages. The absolute value of these three branches of sanitary engineering as preventive measures is found in the records of vital statistics, where communities are too often forced to go for that knowledge which they will only accept at dear-bought experience. He spoke of the responsibility attached to those in authority in connection with sanitary improvements; the legacy of accumulated evils handed down to the future through their neglect will be a lasting evidence of their unfaithfulness. Drainage, sewerage and water supply require, in their treatment, the most careful study, the most complete laws and thorough workmanship. There is a general impression that sewerage and drainage mean the same thing, or, if there is any difference, it is that sewerage is applied to cities and drainage to the country, and this erroneous idea has been the cause of a great deal of mortality in large cities, as in New York, where drainage, as a distinct feature of civic improvement, has, until within the last few years, been entirely ignored. A drain is intended to remove from the soil the superabundant moisture that produces or influences animal and vegetable decomposition, which vitiates the air, creating poisonous malaria, which, through respiration, is conveyed to the lungs and thus into the blood.

The capacity of different soils for retaining moisture was considered, with proper modes of drainage. The subject is of equal, or, if possible, more importance in small communities, where water in wells is in danger of pollution, as in larger cities. A sewer is to carry off surface water, or liquefied refuse of dwellings. From its very nature it cannot be a drain, as water cannot percolate in it, nor can a drain be converted into a sewer, as the refuse liquid would percolate into the earth, polluting wells and springs. Sewerage is dependent, for its successful accomplishment, on existence of water supply, an ample quantity of water being absolutely necessary for flushing. Sewers constructed without proper descent, or used without sufficient quantity of water, are simply elongated cesspools, and public nuisances, and, without proper ventilation, are huge retorts, in which the most poisonous gases are daily distilled and forced into all the dwellings connected with them. The problems of sewerage involve the closest mathematical calculations, the strictest formulæ of hydraulics, the nicest elements of chemistry, and most careful meteorological observations. The removal of sewage matter from dwellings and its final disposition, the chemical action of sewer gases and our sewer system, were fully and ably considered by General Vielé. He thought it was the imperative duty of the national, State, or municipal governments in this country, to take steps for testing the pneumatic system. If it shall be found to work here as successfully as it has been conducted at The Hague, and as economically, it is due to the position we occupy as a civilized and intelligent people, that it should be substituted for the present defective and dangerous method of removing excremated refuse. The pneumatic system was described, after which the report treated, at length, of water supply.

Prof. R. C. Kedzie, M. D., of the Agricultural College, Michigan, read a paper on "The Use of Poisons in Agriculture and Horticulture." Poisons to destroy insects may be used in small quantities, but of a kind that will not injure the crops of the person using them, and should possess such physical characteristics as not to be mistaken. Arsenical preparations are extensively used, especially Paris green. White arsenic and soda arsenic are dangerous, and easily mistaken for soda or salt. Paris green does not affect the plant injuriously, in the minute quantities in which it is used, and can be easily recognized, and the plant does not absorb the poison, but it is not always safe to the user when carelessly used. The report further treats of the effects of this poison in horticultural experiments. It is equally poisonous to animal and vegetable life. When applied to wheat, or to land upon which this crop is raised, the arsenic will make its appearance in the grain, and thus render it useless for family use. The paper contained letters from the secretaries of the different State boards, going to show that in most cases the poisonous results were due to a careless use of the article.

Dr. Allan McLane Hamilton, of New York, followed with a paper on "Nervous Diseases among School Children," in which he proposed to inquire: First. What are the physiological demands, and how far are they granted? Second. What is the machinery, and what are the methods of study in vogue? Large numbers of sickly children crowd the public schools in our large cities. In regard to the question of methods and machinery of instruction, he referred to the reports of the Inspector of the Health Department of New York and those of the Superintendent of Education. We may expect, and do find congestive and nervous diseases very common in early life. The statistics of all large cities show that death from such diseases is far more common than at any other time of life. Improper school hygiene may affect the nervous system directly or indirectly. He then considered the evils resulting from improper ventilation of school rooms, digestion impaired by confinement, from severe and continued mental strain, and the various conditions of physical disease which follow. He was convinced that more pleasant surroundings would do much to engender an æsthetic taste, and make the forms of study more agreeable.

Professor W. C. Kerr, State Geologist of North Carolina, presented a paper on "Sani-

tary Relations of Drainage and Water-Supply" in some of the Southern States, after which one by Dr. D. F. Lincoln, of Boston, was read, on "School Hygiene." He referred to the demand for more general instruction in hygiene in our public schools. Gymnastics should be practiced, especially by the girls. The schools should be brought under the control of proper sanitary officers. Every city should have an inspector of schools, a member of the medical profession, who should devote his entire time to the duties of his office. An architect should be associated with him, who should have the duty of careful inspection of the method of construction of school buildings. This work has been done nowhere to such an extent as in Philadelphia, where it has been carried on with a high degree of success.

Dr. A. N. Bell, of Brooklyn, then read a paper on "School-room Stunting," in which he contended that the balance of physical and intellectual forces should be carefully studied. As the oak may, by a lopping off of its limbs, and puncturing of its buds, be dwarfed to the size of a bramble bush, so improper and unnatural treatment of the child, in its growing days, may result in a stunted and imperfect growth. A due supply of good air is the first necessity of the school-room. Children differ greatly in aptitude for acquiring knowledge, and this point should be a careful study to the teacher. The physiological differences of the sexes should be observed. Physical education should go hand in hand with intellectual education, in the course of instruction.

At the evening session, Prof. Stephen Smith, M. D., gave an address on "The Application of Sanitary Principles to the Limitation of Perilous Massing of Populations in our Cities." He argued that great cities are to-day the destroyers of the race. They become the hotbeds of life and destroyers of the people. Sanitary science has suggested the principles by which a well ordered home can be supplied for every one, and may yet prove the salvation of cities. One principle is the formation of small villages outside of the cities, erected by sanitary architects. Can healthy homes be provided for the poor of cities? This question has been solved by England to a certain extent, where model houses have been erected. The dwelling is one of the greatest aids to true civilization. Houses that produce death are not properly dwellings. Death by arsenic is an easier one than the lingering one in some portions of crowded towns. Tear down these structures and build new ones, with improved drains and sewers. England has met and practically settled many questions of science. In Philadelphia, homestead associations provide healthy homes, built on sanitary principles, and nearly every family resides in its own house. We must educate the poor to some extent in sanitary science and general intelligence.

Prof. F. Donaldson, M. D., of Baltimore, then addressed the Association on "The Influence of City Life and Occupations in Developing Pulmonary Consumption." The mortality of great cities is found to be two and a half times larger than that of the rural districts. Pulmonary consumption claims a large percentage of this mortality. It is estimated, says Dr. B. W. Richardson, that in the temperate zone, within which nearly all the civilized inhabitants of the globe are located, one-tenth, at least, of the population die of consumption. Of all influences in developing consumption in cities, impurities of the air are acknowledged as the most prominent. The introduction of foreign matter into the lungs, such as hair, flax, flint, steel, etc., frequently detected chemically and microscopically, causes phthisis. Dr. Greenhow calculated that forty-five thousand deaths occurred from this cause in England. Hereditary predisposition is unquestionably a prominent general cause. Statistics prove, that of one thousand and ten cases in the Brompton Hospital, twenty-four and four tenths per cent. inherited the disease from parents.

Assuming Dr. Parks' estimate to be correct, the amount of air that should be supplied to each individual per hour is 3000 cubic feet. Numerous diseases are directly caused by rebreathed air, which has become poisonous and stagnant from want of ventilation. The English Army Sanitary Commission's report, published in 1858, says, the excessive mortality from consumption among the soldiers, and in particular regiments, was due to insufficient ventilation and contracted quarters. The air in the barracks of the foot guards only amounted to 331 cubic feet, and the mortality from phthisis was as high as 13.8 per thousand. In those of the horse guards, on the other hand, with a space per man of 572 cubic feet, the mortality from phthisis did not exceed 7.3 per thousand.

An influence of ill health, felt more especially in cities, is the absence of sunlight. In many streets of the older cities, such as Rome and Paris, as well as of our own towns, the streets are so narrow, and the houses so high, that the sun never reaches either sleeping or sitting rooms. In underground rooms, five, ten, and twenty feet below the surface, not only goods are stored, but clerks work at their desks. In the winter, stoves are used to keep the underground quarters comfortable. It is estimated that an ordinary stove will consume 15,000 gallons of air per hour.

The doctor then considered sedentary life as another cause, and spoke of the necessity for a supply of wholesome food to all, and especially to children. One of the causes of the healthfulness of country-reared children was, that they are amply supplied with fresh butter. Dr. George Derby, of the State Board of Health of Massachusetts, in 1870, states the gratifying fact, that private and public hygiene are diminishing the mortality of consumption in that State. His report shows that the number of deaths does not increase in proportion with the population.

*(To be continued.)*

## THE INTERNATIONAL MEDICAL CONGRESS AT BRUSSELS.

We have not found space before for a notice of the proceedings of the International Medical Congress, which met at Brussels this year.

The Congress was opened on Sunday, September 19th, in the great hall of the Palais Ducal, by Dr. Vleminckx, President of the Belgian Academy of Medicine, and provisional President of the Congress. The King of the Belgians, and a brilliant company of ladies, and more than three hundred and fifty medical men, were present. At the conclusion of the President's address a number of honorary presidents were appointed.

On Monday a reception was given to the members of the Congress by the Communal authorities of Brussels, at the Hôtel de Ville. An unlimited supply of cigars and champagne was provided, the discussion of which occupied the early part of the evening. Towards midnight a dance was improvised, and was kept up until an advanced hour. Next morning the various sections settled down to work. Several important papers were read, and at two o'clock a general meeting of the Congress took place, at which the report of the Section of Obstetrics, on the question whether women of the poorer classes who require assistance, medical or otherwise, should receive such assistance in lying-in hospitals or in their own homes, was read, and a long discussion followed. Dr. Sigmund, of Vienna, spoke in favor of hospitals, and pointed out the great improvements introduced in the Lying-in Hospital at Vienna, which is now considered the best in Europe. The great majority of the meeting, however, condemned lying-in hospitals, and resolutions were adopted declaring the necessity of radical reform in this matter; that the great lying-in hospitals should be abolished, and replaced by small ones, with a separate room for each patient; that in connection with these, convalescent homes should be instituted; and that the principle of giving, by preference, assistance at the homes of the patients should be extended as much as possible.

We add the address of the two American delegates present.

### ADDRESS OF J. A. ADRIAN, M. D., OF THE AMERICAN DELEGATION TO THE INTERNATIONAL MEDICAL CONGRESS.

DELIVERED IN FRENCH, ON SEPTEMBER 22d.

Mr. President—For three years the American Medical Association has sent its delegates to the British Medical Association, and other kindred European societies, with the special object of asking their concurrence and coöperation in maturing a plan of uniformity of instruments, scales, tables, and records of clinical observation.

The American Medical Association hailed with fraternal feelings the call for this International Medical Congress, and with hopes—your first programme containing a motion to create a uniform method of measuring the defects of audition, this being part of the programme—of unity of all the means of observation advocated by the American Medical Association; we cannot help feeling that if you find that part of the plan right, you will have stronger reason to support *the whole.*

The medical profession would find many advantages occurring from the adoption of this uniformity; common measures would restore the communication of thoughts between us better than a common language.

Mothers and nurses could be made useful recording assistants, by giving us the true signs and symptoms previously to and between our visits, and they would soon comprehend the true nature of disease and cure, instead of falling into the supernatural notions which are now forced upon them.

For these and other reasons, the American Medical Association urges upon the International Medical Congress the necessity of organizing an International Commission, having for its object to devise a plan of uniform means, instruments, scales, and clinical observation, and to report on the same at the next meeting of the International Medical Congress.

### ADDRESS OF E. C. HARWOOD, M.D., OF THE AMERICAN DELEGATION, TO THE INTERNATIONAL MEDICAL CONGRESS, DELIVERED FROM FRENCH TRANSLATION, ON SEPTEMBER 22d.

Mr. President.—The remarks of my friend and colleague, Dr. Adrian, cover nearly all that there is to be said in behalf of a uniformity of measures. I wish, however, to urge, on behalf of my constituents, the absolute necessity and great advantage to be derived from a uniform system of weights and measures.

This want has long been felt by the American profession, and in a country so rapid in its progress, the wonder is that a more advanced system has not been adopted before this. This may be accounted for, in part, on the ground that the world naturally follows in the footsteps of the mother country; but the time has now come when parent and offspring must no longer remain in opposition to the metrical system. We might just as well set ourselves in opposition to gravitation, except that we can, as two great nations, delay and retard a matter of human progress, while we could not retard gravitation.

When I say that I am heartily in favor of the metrical system, I think that I represent the sentiment of my countrymen in the medical profession. We desire to see it introduced into our country as rapidly as it can be done wisely. Our colleges and high schools all teach it, and should be earnest advocates for its more permanent introduction into our public schools, since all such reform must be forwarded by incoming generations, leaving the old system to die out

gradually with the generations as they pass away.

There is no longer any doubt with us in regard to the metrical system, for there are, at present, many of our best manufacturing chemists, among whom I might instance E. R. Squibb, M.D., of Brooklyn, N. Y., who have for many years, used this system for all nice work.

Nearly all of our best men regard the metrical system as well assured and secured upon the safe ground, first, of the growing necessity for something better than the old system, and second, that this is very much better, and probably quite good enough for the next two thousand years; and that it has been, as a system, so well constructed, and so well matured, that in less than eighty years, or two generations, it has had inherent force enough quietly to obtain the approval of a large majority of civilized nations, and is favored, if not adopted, by the best educated classes of all nations.

After the session on Wednesday, which was diminished by the absence of a large number of members to visit the public prisons, Dr. Bockert, of Paris, gave a lecture on the Diagnosis of Cerebral Disease by the Examination of the Eyes.

At the general meeting on Thursday, Dr. Lefort, of Paris, defended the resolution proposed by him, that the adoption of the principle of assistance at the homes of the patients offers the means for the suppression of lying-in hospitals, and that in cases of epidemics such institutions should be closed. Since the adoption of the system in Paris, 5020 accouchments took place in the course of three years, at the patients' homes, which would otherwise have occurred at the hospitals. The propositions of Dr. Lefort were adopted. Several reports of sections were received and adopted, including one submitted by the Section on Public Medicine, which stated the necessity of both national and international organizations of public hygiene, and gave the outlines for both kinds of organization.

At the general meeting, Dr. Chapman, of London, read a report on prostitution in England, and the effects of the Contagious Diseases Acts on the health of the army, in which he endeavored to prove that the surveillance of prostitution is to be condemned, on the ground that it leads to clandestine immorality. A brisk discussion followed the reading of Dr. Chapman's paper, in the course of which Dr. Sigmund stated that since the adoption of a system of surveillance in Vienna, a remarkable diminution had taken place in disease, both as to the number of cases, and their virulence. Dr. Vleminckx, the President of the Congress, said that the mastery over the scourge had been obtained in Belgium only by the system of legal surveillance. He was unable to understand why England, which decreed compulsory vaccination, did not take a like action in this matter, and said that the maintenance of the English way of treating this grave question appeared to him a danger for the whole of Europe. Dr. Gaetano Pini complained that English medical men do not limit their propaganda to England, but practice it even on the Continent. He suggested that the question of combating disease should be made one of the subjects for the consideration of an international hygienic commission.

On Thursday night a brilliant *soirée* took place at the official residence of the Minister of the Interior, in honor of the Congress. The *soirée* was attended by many members of the diplomatic body, the Burgomaster of Brussels, and other high officials. The celebrated band of the Belgian Guards was stationed in one of the rooms, and played a choice selection of music.

The proceedings of the Congress were brought to a close on Saturday, by a farewell banquet in the Gothic Hall of the Hôtel-de-Ville.

# Editorial Department.

## Periscope.

### On Chloride of Ammonia.

Dr. F. R. Hogg writes to the London *Medical Times and Gazette*:—

Chloride of ammonia, price one shilling a pound, is sold extensively in Indian bazaars, for cleaning gold lace, as well as for medicinal use, and appears obtained from the unburnt extremity of brick-kilns in which camels' manure is used as fuel. Of course, dirty and impure, it requires to be dissolved, strained, and re-crystallized before internal administration. In England, sal-ammoniac appears chiefly used for cold lotions or freezing mixtures; yet for years the Germans and the French have used it as an alterative deobstruent; and, in that interesting work, the "Indian Pharmacopœia," the properties of chloride of ammonium include being useful in chronic affections of the lungs, liver, spleen, in hepatic or ovarian dropsy, in passive hemorrhages (especially hæmoptysis), in facial neuralgia, rheumatism, sciatica, amenorrhea, whooping-cough, intermittent as well as remittent fevers. Locally it has been applied to indolent tumors, enlarged glands, incipient mammary abscesses, hydrocele, bruises, strains, and certain cutaneous diseases. One reads constant praises of the

bromide, the iodide of ammonium, yet scarcely ever even mention of the chloride. Just as Dr. Docker revived the fame of ipecacuanha, so did Dr. Stewart, in 1870, endeavor to introduce into notice the varied virtues of chloride of ammonium, and was, according to custom, promptly contradicted. The fact is, he tried to prove too much: for instance, that the remedy would charm away the pus out of an abscess or abscesses in the liver; would bring the sides of the cavity together, and, with a reduced, reinvigorated liver, the patient would go on his way rejoicing. Dr. Stewart gave scruple doses, morning and evening, kept his patients very still, and on the lightest of diet. His idea was that chloride of ammonium, besides being a general stimulant—diaphoretic, laxative, diuretic, and sedative—relieved the portal circulation, causing also absorption and elimination of diseased products. Very many medical officers think highly of this remedy: others say it is worse than useless, causing dysentery. So far, in remittent and intermittent fevers, in hepatic congestion or splenic enlargement, the satisfactory results are sufficiently encouraging te make extensive trial of chloride of ammonium.

### Plastic Operation for the Lower Lip.

In the *Transactions* of the Medical Society of West Virginia, Dr. M. F. Hullihen, of Wheeling, gives an account of a plastic operation for the restoration of the lower lip, in the person of a soldier, who had lost the lip by gunshot wound. Measuring vertically, about one-half of the lower maxillary bone, from the second bicuspid tooth on the left side to the first molar tooth on the right side, together with all the intervening teeth, had been shot away.

I made incisions, one inch and a quarter in length, carried in a straight line from each commissure of the mouth, directly into and entirely through the substance of each cheek. From the outer extremity of these incisions, another incision was made obliquely downward to the margin of the orifice, thus forming a triangular flap in each angle of the mouth. The mucous membrane lining the flaps thus formed, including a proper amount of structures beneath to insure vitality, were, save at the point of their lower attachment, carefully dissected away, after which the flaps were removed. The bases of these flaps pointed directly to each angle of the mouth, and measured in width (with a proper allowance for shrinkage) the distance it was necessary to raise the portion of chin out of which it was proposed to form a new lip.

After the bleeding ceased, an incision was made on the inside margin of the callous tissue forming the base of the orifice, and the skin and subjacent textures were dissected away from their attachments to the lower maxillary bone, until they were capable of being raised up to the desired position without the least stretching. This perpendicular incision was commenced at points nearly opposite the first molar tooth upon each side of the mouth, and extended from the margin of the orifice to a point fully half an inch beyond and around the base of the chin.

At this point of the operation, the mucous membrane, saved and dissected from the flaps removed at each angle of the mouth, was successfully utilized.

The bleeding having ceased and the chin substance being raised to its proper position as a lip, these thin flaps of mucous membrane were carefully turned around and secured to it with fine sutures of silk, forming in their joint extent a very respectable amount of inner lining. Elliptical incisions had been carried into the mucous membrane of each cheek, in order to allow these flaps being easily and properly turned into position.

The parts were now brought loosely together, and the patient placed in bed.

In the morning he was quite comfortable; the loose dressings were undone, and the raw and cut surfaces, from which all bleeding had ceased, were exposed. The teeth remaining in the back and uninjured portion of the lower jaw bone, three on one side and two on the other, stood elevated fully one and a half inches above the line of cut surface that covered what was remaining of the front and injured portion of the same bone. A large dental impression cup, especially contrived for the purpose, was filled with prepared plaster of Paris, and an accurate impression of the parts was obtained. From this impression, Dr. A. H. Fleming, dentist, by the evening of the same day, succeeded in making, in rubber, a very good substitute for the portion of jaw bone that had been shot away and which was surmounted by the proper number of artificial teeth. After the insertion of this plate, the parts were all brought securely together, the angle of the right side of the mouth being alone left open to permit of any future manipulation that might be necessary. One of the attendants had made, under my direction, a tight-fitting skull cap, and a stirrup, fitting accurately under the chin, furnished with a number of strong straps and buckles. After cropping the hair closely, these were applied, and by their means, the parts were kept in position. The healing took place rapidly and satisfactorily.

### The Treatment of True Membranous Croup.

Dr. W. H. Vail, of Cornwall-on-Hudson, N. Y., writes to the New York *Medical Journal*:—

My experience during the last spring, with four very severe cases of unmistakable membranous croup, has led me to consider it a disease as amenable to treatment as dysentery or remittent fever. The symptoms in all the cases being so similar, and coinciding so exactly with those attributed in Dr. Flint's practice to laryngitis with exudation of lymph, I will not detain you with the recital of them—only referring to them as occasion may require in connection with

the treatment. Upon seeing a patient suffering from this disease, I immediately give him a full dose of calomel, from fifteen to thirty grains, to be repeated in six hours if the bowels have not operated. It allays the fever, and acts kindly on all the secretions. When this effect is desired in any disease, large doses must be given, according to Dr. Lente's plan. All of the popular hue and cry against this valuable medicine, and all of our bad results and disappointments from its use, have come from our giving it in too minute doses. It matters very little how much you give, if you only give enough to operate on the bowels, or follow it with something which will assist it to operate. At the same time I order the patient to be kept day and night in the kitchen, or a room which can as readily be kept heated at a temperature of 90° Fahr., and the air loaded with moisture till it runs down the windows, as we see it on washing-days. To make this measure effective, Dr. Sayre's plan must be followed, of keeping the temperature at 90° or 95°, if necessary, as I found it in one case. You will be surprised and gratified in a few hours at finding your patient breathing easily and sleeping quietly, to whom, before, each breath was a struggle, and there was no such thing as sleep. You must impress upon the friends the importance of maintaining the heat and moisture. If the thermometer falls to 80° or 75°, the old trouble will return. In one case I kept the heat at 90° for three days and two nights, before it seemed safe to let it subside.

These two remedies (calomel, and heat and moisture) seem to stop at once the further formation of the membrane, to loosen what is already formed, or cause it to be absorbed. They acted like a charm with three of my little patients—the fourth was moribund when I first saw him, and died in less than twenty-four hours, asphyxiated. No attempt at tracheotomy was made in his case, as the membrane evidently extended to the bronchioles, and no operation could relieve him.

To cure any sore throat that may exist, I dissolve half a drachm of chlorate of potash in a glass of water, and give a teaspoonful every two hours. I give it in all cases, for it is a tonic, and acts well on the membrane, wherever it may be.

To maintain the strength I rely on quinine, and I find the following simple prescription the most palatable and acceptable to the stomach:

℞. Cincho. quiniæ, ʒss
Syr. simplicis, ʒij M.

Pulverize and triturate thoroughly. From a half to one teaspoonful every four hours.

Of course, milk, eggs, milk-punch, beef-tea, lemonade, flaxseed tea, etc., enter as nourishment into the treatment—to be varied as the strength and taste of the little ones may require.

That these were cases of true croup, as distinguished from spasmodic croup, there is no doubt in the mind of the writer; and is proved by their symptoms not being those of any other disease, and their clinical history corresponding with what the best authors teach us to look for in that affection. The membrane was visible on the tonsils in two cases, and existed, I believe, in the larynx and trachea of the remaining two, but did not happen to extend to the throat, or was prevented from extending by the remedies used. Though I watched, and asked the friends to watch, for anything in the shape of membrane, nothing was seen.

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### Chloral as a Local Application for Ulcers.

A writer in the *Lancet* says:—

On visiting the wards of Guy's Hospital, we saw several patients on whom a solution of hydrate of chloral had been used as a local application to ulcers, and the results appeared to be sufficiently satisfactory to be worthy of record. Mr. Lucas commenced the use of chloral among his out-patients in August last, for cases of sloughing wounds and fetid ulcers, and, being pleased with the result, he has since given it a somewhat extensive trial in the wards. The effect of the local application of chloral appears to be that of a powerful stimulant and disinfectant; it has no soothing or sedative effect upon the part to which it is applied, but, on the contrary, gives rise to considerable pain, which lasts some time; nor does it, even when used over a very extensive surface, ever become absorbed in sufficient quantity to act as a hypnotic. Whether it is taken up into the circulation or not, matters little, since the quantity used as a local application is so small compared with the dose administered as an internal remedy, that were the whole of the drug applied to find its way into the blood, the quantity absorbed would still be very much less than that of an ordinary sleeping draught. Its local application is, therefore, eminently safe and free from the dangers which sometimes follow the use of opium lotion or carbolic lotions long continued. Mr. Lucas has used solutions of various strengths, that which he has found most useful being a solution of four grains of hydrate of chloral in an ounce of water. The application of a lotion of this strength is, as we have just stated, often attended with considerable smarting, which may last a quarter of an hour, but the smarting becomes less at each subsequent application. In cases where the patients have complained much of the smarting, the lotion has been diluted to the proportion of three or two grains to the ounce. The treatment of foul sloughing ulcers by means of chloral lotion has been attended with great success, the surface of the sore quickly cleansing and assuming a healthy appearance, whilst the subsequent healing has advanced with a rapidity in some cases quite astonishing.

Under the use of chloral lotion the ulcers quickly became sweet and clean, and the cuticle spread over them with very great rapidity, even while the surfaces of the sores

were still considerably below the level of the surrounding skin. The smaller ulcer was completely healed within the fortnight, and at the time we saw the patient all that remained of the large one was a small fusiform patch of healthy granulations, about half an inch in breadth and two inches in length, upon which a blue line of cuticle was rapidly encroaching.

**Sensibility Restored After Nerve-section.**

A Paris correspondent of a contemporary states that, in a report recently submitted to the Academy of Sciences by M. Claude Bernard, on the occasion of the distribution of prizes, and with reference to the prize for physiology, the learned physiologist expressed himself in the following terms: — "It has often happened that, in man, when the median nerve has been accidentally divided, union has been effected by sutures, and it has been observed that the sensibility of the parts to which the nerve is distributed has been restored soon after the operation. Several authors have attempted to explain this phenomenon by the simple restoration of sensibility resulting from immediate union of the cut ends of the nerve. MM. Arloin and Tripier, however, have shown that the sensibility is due to the anastomoses of the peripheral nerves." But Professor Richet, demurring to this, offers another explanation, which would seem to accord with certain observations made in morbid histology. He accordingly sent in another report to the Academy, in which he has shown that the sensitive nerves of the hand do not terminate in the same manner as the other nerves. The terminal branches of the median nerve, and those of the radial and ulnar nerves, unite at their extremity to form loops, whence arise other smaller filaments, which are ultimately lost in the tactile papillæ. Thus it is seen that each of these papillæ receives filaments from the loops resulting from the inosculations of the ulnar and radial nerves with the median. This anatomical disposition has been perfectly shown by Professor Robin, and would explain how it is that, notwithstanding the section of the median nerve, sensibility is preserved in the essential organs of touch. As regards the sensibility of the peripheral nerve itself, "it must be admitted," added M. Richet, "that a certain number of sensitive fibres, arising either from the radial or the ulnar nerve, restore, by a recurrent course, the sensibility of the nervous trunk situated below the section, unless the sensibility depends on the *nervi nervorum* discovered by Professor Sappey, which, however, is scarcely probable. The nerves of both surfaces of the hand (the dorsal and palmar), and those of the wrist, receive filaments which terminate in integuments, independent of the inosculations of the median with the ulnar nerve. Hence it may be said that in the hand, the special organ of touch, the distribution of general and special sensibility is as complete in its way as is the arrangement of the arterial circulation of this member."

## Reviews and Book Notices.

### BOOK NOTICES.

**Opium Eating: an Autobiographical Sketch, by an habituate.** Philadelphia, Claxton, Remsen & Haffelfinger, 1876. 1 volume, cloth. 8vo, pp. 150. Price $1.00.

A notice of this little book will appear very seasonable in the Reporter just now, when that journal is making a very earnest appeal to the medical profession to be on their guard in the administration of opiates. The author gives, in an irregular, at times, indeed, uncouth style, a narrative of his sufferings as an opium eater. He does not offer himself as the "reformed drunkard," but as the "frightful example." A consumer of morphia at the rate of 12 to 16 grains a day for a decade, he frankly says, "I have not, for a number of years, made an effort to renounce opium. Seventy-two hours absence from the drug would, I think, prove fatal in my case." (p. 116).

We may overlook, after such a confession, a looseness of rhetoric, which otherwise would merit criticism, and confine our attention to the facts narrated. The writer, a young man at the close of the war, was one of the many whose constitutions were wrecked by the hardships of Southern prison life. On his return, a physician whom he consulted gave him hypodermic injections, ostensibly of Indian hemp, really of sulphate of morphia. A few months of this treatment, and he found himself in better physical condition, but a slave to opium. His efforts to escape the thraldom were unavailing, and his reproaches for the deception practiced are bitter and just.

His own miseries he describes forcibly, but a better object than egotistic confessions pervades his pages. An intelligent observer, he has inquired carefully into the extent of the abuse of opium in the United States, and has convinced

himself it is appallingly great, that in many instances it has taken the place of alcohol, than which he considers it tenfold worse. There is no doubt that, in numerous individual instances, the strong total abstinence doctrines, and the dread of being suspected of tippling, have led to the adoption of this secret form of mental intoxication. It becomes a grave question whether an absolutely prohibitive law would not very much stimulate the opium traffic. "God avert the day," exclaims the author, "when liquor shall be abandoned and opium resorted to as commonly as liquor now is!" To this we say, Amen.

Several chapters in the book are occupied with severe strictures on DeQuincey's "Confessions of an Opium Eater." Of this work the author says, "He has thrown a glamor of enchantment over the subject of opium, irresistibly tempting to some minds." To this statement we give our personal testimony. When a student at a New England college, we knew several under-graduates who made their first experiments in opium intoxication, in consequence of reading DeQuincey's attractive pages.

**Transactions of the Medical Society of the State of West Virginia.** Wheeling, 1875. pp 129.

Of the scientific articles in this volume, those deserving of special mention are, a report on the epidemics of Wheeling, by Dr. S. L. Jepson, which includes the cholera cases of 1873, thirty-five in all; a strong plea for the more liberal use of the forceps in midwifery, by Dr. Wesley H. Sharp, who also contributes a short notice on the epidemics and climatology of the second district; and a large number of surgical cases, reported by Dr. John Frissèll, of Wheeling, chiefly of cancer. Several of these latter seem to have been cured. The treatment is not very definitely detailed, but the writer says, in a general way (p. 100),

"The constant application of efficient caustics and escharotics rapidly destroys cancer cells in diseased and suspicious-looking surfaces. Let alone, these surfaces rapidly grow worse, and finally become malignant Acetic acid, chloride of zinc, creosote, some of the preparations of arsenic and mercury, variously combined and judiciously employed, are among our most efficient means to destroy morbid growth, and to convert malignant surfaces into healing tissue."

There is here, apparently, a distinction drawn between "cancer cells" and "malignant" cancer cells. We hope in the next installment of such cases, which Dr. F. says will be on mammary cancer, more minute therapeutical information will be given. "Variously combined and judiciously employed," is too vague an expression to be instructive.

The address of the president and several shorter papers, make up the rest of the volume.

**Transactions of the Wisconsin State Medical Society, 1875.** Milwaukee. pp. 104.

This neatly printed volume indicates a marked degree of scientific activity among the members of our profession in Wisconsin. The Society embraces the best men in the State; its meetings are well attended, and the character of the papers presented show a lively interest in medical progress. The President, Dr. J. T. Reeve, has a sketch of the growth and present position of the medical profession; and the papers submitted to the Society, which it referred for publication in the present volume, are as follows:—

Report on Practical Medicine, by Ira Manly, Jr., M.D., of Markesan; The Animal Ligature as a Hemostatic Agent, by S. Marks, M D., of Milwaukee; Transplantation of Bone, by N. Senn, M.D., of Milwaukee; Puerperal Insanity, by R. M. Wiggenton, M.D., of Madison; Report of the Committee on New Remedies, by L. G. Armstrong. M.D., of Boscobel; Report on Medical Education, by M. Waterhouse, M.D., of Portage City; Cataract, by C. L. Stoddard, M.D., of Whitewater; On Skin Diseases, by C. Linde, M.D., of Oshkosh; Compulsory Vaccination, by E. L. Griffin, M.D., of Fond du Lac; A Case of Strangulated Hernia, with Recovery by Restoration of the Natural Passage after the Formation of an Artificial Anus, by Wm. McCall, M.D., of Omro; Case of Extra-Uterine Pregnancy, by Harmon Van Dusen, M.D., of Mineral Point; Case of Remarkable Malformation of the Genito-Urinary Organs, by J. A. Masterson, M.D., of Waterloo; Case of Acute Cystitis, Accompanied with Congestive Stricture of the Urethra, by E. W. Fairman, M.D., of Orfordville; Puerperal Convulsions, by J. B. Cory, M.D., of Patch Grove; Kristeller's New Method of Delivery, by A. Grættinger, M.D., of Milwaukee.

There is also a biographical sketch of Dr. T. G. Williams, by Dr. N. Senn, and the usual minutes, etc.

THE

# Medical & Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M. D., EDITOR.

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## ON THE USE OF THE WORD "NATURE" IN MEDICINE.

There are some expressions very current in scientific writing, which it would be altogether better not to use at all, because they have so many meanings that one never knows exactly what they do mean. Prominent among them is the word "Nature." John Stuart Mill, in an essay published after his death, recapitulates the many and discrepant meanings attached to the words "nature" and "natural." The naturalist, DeCandolle, of Geneva, has an article in his work called "*La Science*," commenting on the tendency to personification which prevails in the current use of this term, and recommends that it be dropped from writing which aims at precision.

We have rarely seen the abuse referred to by those eminent masters of composition more glaringly exemplified than in an address prepared for the Canadian Medical Association by Dr. William Canniff, M. R. C. S. E., and published in a recent number of the *Canada Medical Record*. The title of the paper is "Nature's Power to Heal," and the disagreeable prosopopœia which we complain of is illustrated in the following extract:—

"It is, however, in severely crushed, or torn wounds, that an additional and exceedingly wise course is pursued by Nature, for the purpose of saving and restoring tissue; around the wound is a certain portion of tissue more or less injured; some of it will or may recover, while some of it must die. Where the boundary line is to be drawn Nature must decide. It is she who will examine the molecular parts, and determine which can, and which cannot be restored, which portion shall be restored to vitality, and again enter upon the active duties of molecular life, and which shall perish and be cast off. And, as Nature will in time amputate a whole limb in a palpable manner, so will she, although impalpably, sequestrate the doomed tissue around the wound, and at the same time furnish a vehicle to carry off the detritus."

The like personification is over and over repeated in the common-place quotation, "*Vis Medicatrix Naturæ*," and in an extract from Paracelsus, given in a late number of the Cincinnati *Clinic*.

"It is the nature of flesh to possess in itself an innate balsam which heals the wounds. . . . Nature hath her own doctor in every limb; wherefore every chirurgian should know that it is not he, but Nature who heals. What do wounds need? Nothing. . . . So the surgery of wounds is a mere defensive, to prevent Nature suffering from any accident from without, in order that she may proceed unchecked in her operations."

The objections that we have to such language are, that it employs a metaphor where none is needed; that it assumes an entity where none exists, and finally, that it intimates that, somehow or other, the forces which control the pathological processes have a wish to diminish them, rather than the contrary.

There is not a tittle of evidence for the last mentioned supposition. It is purely gratuitous. Every man that dies, dies by Nature, and she

(if we must ascribe person and sex) has much more a *vis carnificis*, than a *vis medicatrix*.

These points were well put in the introductory of Dr. J. F. Payne, at St. Thomas' hospital, last month. He is speaking of the needless hypotheses which are so often lugged in to darken knowledge, and proceeds:—

"In medicine, errors such as these actually abound. Did time permit, we might undertake to show that many current medical doctrines are based on some underlying assumption of this kind. Let one be enough.

"The old principle "Symptoms are an effort of Nature to cure the disease," applied, in recent times, to cholera.

"Starting with the idea that Nature intends or desires to cure the patient, which is a purely metaphysical formula, from beginning to end, we then pick out some symptom or symptoms, and say that this is the instrument by which Nature cures. But how are we to know (as Professor Haughton has put it) that Nature does not want to put the patient in his coffin?—in which case we might as well say that this symptom is the instrument by which Nature kills. The only scientific way of stating the question would be this: whether or not a particular symptom contributes to recovery; and this might conceivably be ascertained by collecting a sufficiently large number of cases in which it did not, and comparing the recoveries in each. But we need not introduce any hypothesis concerning the intentions or efforts of Nature."

It would give us sincere pleasure, if, as Decandolle recommends, we could see the words Nature, natural, and supernatural, banished from the vocabulary of scientific discourse. They are worn out, and may be compared to some old ship, so covered with barnacles and adventitious growths, that they are no longer available to carry any freight of ideas.

## Notes and Comments.

### Therapeutical Notes.

#### A GENERAL ANTIDOTE FOR POISONS.

M. Jeannel gives the following formula for an antidote for a number of deadly poisons: Solution of sulphate of iron (D. 145), 100; water, 800; calcined magnesia, 80; washed animal charcoal, 40. These ingredients are kept separate, the solution of sulphate of iron in one vessel, the magnesia and charcoal in another, with some water. When needed, the sulphate solution is poured into the last mentioned receptacle, and violently agitated. The mixture should be administered promptly, in doses of from 1.6 to 3.3 ounces. From experiments, M. Jeannel finds that this antidote, employed in proper proportions, renders preparations of arsenic, zinc, and digataline, completely insoluble.

#### SYRUP OF SALICYLIC ACID.

In giving this acid the annexed formula, for a syrup, has been suggested:—

| | | |
|---|---|---|
| R. | Salicylic acid, | ʒss |
| | Oil of sweet almonds, | ʒx |
| | Gum arabic, | ʒx |
| | Syrup of almonds, | ʒxij |
| | Orange-flower water, | ʒxij. |

#### INFANTILE VOMITING.

Purgatives or ordinary astringents being either premised or contra-indicated, a valuable remedy is known in quarter or half drop doses of dilute hydrocyanic acid, with a grain or two of soda, in camphor or dill water. But in severe cases with much depression, and in many cases, as an alternative treatment, bismuth and creosote together will be found of eminent value.

#### MEDICAL USES OF CALABAR BEAN.

Dr. W. Munro says, in the *British Medical Journal*, I have used extract of Calabar bean with advantage as a sudorific, in cases of incipient bronchitis, congestion of the liver, phthisis, with dry, hot skin, etc., being always able to bring down the temperature two or three degrees, when sufficient doses were used; such dose being, for an ordinary adult, one-fifth, or at least one-sixth of a grain, as a minimum, which can be safely repeated every four to six hours, till the desired effect is produced, so long as the patient is carefully watched.

#### OFFENSIVE DISCHARGES FROM CANCER, ETC.

To counteract these, washing the parts with a weak solution of sulphurous acid; bathing them with terebene; and with a solution of chloral (ʒj to ʒiv), have been recommended.

### Ergotin in Cholera.

Led by the action of ergotin as a contracter of the capillaries, Dr. Redemacher has tried it

in cholera and choleraic diarrhœa. He thinks it should stop the serous exudation into the bowels by contracting their vessels. He recommends its hypodermic administration as most suitable. His formula is—

| | | |
|---|---|---|
| ℞. Ergotin, | | 5 parts |
| Alcohol, | | |
| Glycerine, | āā. | 15 parts. |

Of which he injects frequently a few drops.

### Louise Lateau, Again.

This famous mystic of Belgium was the subject of an editorial, last spring, in this journal. Since then she has been made the subject of an essay entitled, "Science et Miracle; Louise Lateau, ou la Stigmatisée Belge," by Dr. Bourneville, of Paris, the talented editor of M. Charcot's work on Nervous Diseases. After careful study and analysis of the writings on Louise Lateau, he concludes that her case is nothing but one of extreme hysteria. After giving a detailed account of her early life, and of her manifestations, each of which—the stigmata, the ecstasies, visions, prolonged abstinence, anuria, insomnia, etc.—he analyzes in full, he passes on to compare her case with those of other well-marked examples of hysteria.

A striking commentary regarding Lateau, has just been going the round of the papers. "It appears that for some weeks, her sister having kept priests and sight-seers aloof, she reverted to normal habits and conditions; but, relapsing into a state which led to priestly services being called in, the former symptoms—fasting, trances, and stigmata—have reappeared."

### Mouth to Mouth Respiration.

Dr. Schwarz calls attention, in an address before the Cologne Medical Society, to the dangers of the process of restoring apparently dead infants, when employed by ignorant persons. He has seen several instances where the air was blown into the stomach instead of the lungs, and by swelling that viscus prevented the lungs from expanding. It requires great skill and care to avoid this danger.

### Idiopathic Ptyalism.

Several cases of this curious affection are reported by Dr. Beauregard in *La France Medicale*. One was of a healthy laborer, thirty years of age, who was actually exhausted by the copious salivary secretion. Another was a sea captain, forty years old, broken down by a choleraic attack in the East Indies. The discharge was five or six pounds a day. No cure was found in either instance.

### A New—Old Tapeworm Remedy.

An old tapeworm remedy, the *saoria*, the ripe fruit of the *mœsa picta*, an Abyssinian tree, has been revived. The *Druggists' Circular*, November 1st, remarks, that at a late pharmaceutical meeting in New York, "Mr. Willcome presented a specimen of saoria seed, the new tapeworm remedy, which is attracting much attention among the medical profession in Germany. This was obtained from Caswell, Hazard & Co, and is of the first lot brought to this market. Its habitat is Abyssinia, where it is known by the natives as tatzezalze. The seeds are contained in a small yellowish-brown, spherical capsule, and are aggregated into a very small, round ball, with some orange-red, pulpy matter. Wittstein finds it to contain boracic acid and a fatty oil. The dose is from six to eight drachms, crushed, and given in some amylaceous food, such as hominy, oatmeal, or peas, boiled to the consistency of gruel, or in an aromatic infusion of ginger, two drachms; cassia, fifteen grains; water, one pint."

Aysten's *Dictionnaire de Medecine*, and other such authorities, should be consulted before a remedy is pronounced "new."

### Carbolic Acid Injections in Rheumatism.

Various German writers recommend hypodermic injections of carbolic acid, in the proportion of one, two, or three per cent. of the acid, to allay the pain of acute rheumatism. They state that for five or six hours after such an injection the joint is quite comfortable, and can be moved without inconvenience. Its action is local and temporary, does not cut short the disease, but makes it more bearable.

### Sulphur as an Insecticide.

Sulphur, as a valuable but neglected remedial agent, probably owes much of its value to its proximate acids. In its use as destroying the oïdium of the vine, Prof. Pollacci has demonstrated that the sulphur kills the parasite by its production of sulphurous acid, which alone possesses the destructive property. Seeing, however, that the facts he had brought to-

gether received less attention than he thought they deserved, and on the hypothesis that his conclusions might have been fallacious after all, he determined to repeat the experiments on a larger scale. Having done so he found his old conclusions more than confirmed, that is to say, the grape, by contact with the sulphur under solar heat produces in abundance the sulphurous acid which destroys the oïdium. Results identical with those of Prof. Pollacci were also obtained by Dr. Griffini, in the laboratory of cryptogamic botany in the University of Pavia.

### Treatment of Wounds.

Dr. A. C. Mackenzie, in the American *Journal of Medical Sciences*, states that he treats wounds with much success, with warm water and a balsamic compound. The warm water not only hastens the exit of disintegrated material, but conveys to the sufferer that soothing effect which heat alone communicates. The formula which I am accustomed to use in my practice is the following:—

℞. Balsam fir,
True Venice turpentine,
Oil of sweet almond, āā ℥ij
Add carbolic acid ℥ss, previously dissolved in ℥ij warm glycerine. M.

Sig. Apply with a flat camel's hair brush, and inject into the interstices of the wound with glass syringe, having previously cleansed the wound with very warm water and bulb syringe.

Warm water applied *ad libitum*, and the diseased or injured portion enveloped in flannel cloths, immersed in water as hot as can be borne comfortably.

### Chinese Medical Literature.

A foreign exchange states that the Chinese recognize many varieties of disease, founding them on principles not altogether different from our own, depending especially on the supposed causes, characteristic features, or imagined relation to viscera. They apply the same form of classification to many diseases, and are especially fond of adopting the division founded on the five senses, or on the five viscera which they enumerate—five different forms of small-pox corresponding to these five viscera. The medical works are most voluminous. It is the custom to state whatever any previous writer has said on the subject, and, in addition, to give the views of the writer himself, no attempt being made to point out the errors of preceding writers or to sift the true from the false.

### Infantile Syphilis.

The editor of the New York *Medical Journal* remarks:—

In institutions where large numbers of children are cared for, it becomes an exceedingly difficult subject to distinguish the diverse forms of stomatitis in the non-syphilitic child from the buccal manifestations in syphilitic children. Again, children suffering from inanition have, to a certain extent, the dried-up appearance of those infected with syphilis, and coryza, or the snuffles, is common to all children. The eruption must be considered as the determining symptom, and in default of that a child otherwise affected can only be looked on with suspicion, varying in degree with the number and prominence of decided syphilitic symptoms.

### Further Trial of The Earth Treatment.

The earth treatment has been on trial at Charity Hospital, New York. The method of using it is to first bring the ulcer into proper condition by means of nitrate of silver, or other agents indicated. When the ulcer is thus prepared, twenty-five or thirty grafts are inserted, and the whole covered by clay, in the following manner: The dry clay is mixed up with olive-oil, to the consistence of a paste, and applied twice a day. The results obtained are highly satisfactory; more favorable, indeed, than by any of the other measures.

## Correspondence.

### Treatment of Pneumonia.

Ed. Med and Surg. Reporter:—

There is no disease that has called forth more discrepant opinions, or enlisted in its discussion abler and more accomplished minds, than pneumonia, and in regard to the treatment of this disease much difference of opinion has, and still does exist. We should, however, not be restricted to the opinions of different writers, but we should be governed by the indications which may exist at the time. The question, therefore, is, not what method of treatment will cure all, but which will afford the least percentage of mortality.

In our older works on practice, we have been taught to rely on bleeding, blisters, purgatives, tartar-emetic in nauseating doses, and mercury;

our predecessors bled their patients again and again, and were by no means sparing in the use of antiphlogistic remedies. I am quite alive to the fact that, whereas our ancestors bled too much, we may fall into error and bleed too little; but whatever may be said on this point, I do believe the recoveries from pneumonia are more numerous without having recourse to antiphlogistic measures. During the first six or eight years of my practice I tried the old plan of antiphlogistic treatment; in short, I followed the teachings and literature of that day. A young man is apt to become a routinist, and I would, therefore, advise every young man starting in practice not to be carried away by every wind of doctrine, but to well weigh theories by established clinical observances, when he applies his therapeutics. My experience has taught me to abandon depleting measures, not only for the ultimate safety of the patient, but even for diminishing the duration of the disease.

The treatment of pneumonia is now wholly different from what it was in the last generation. The teachings of Tanner and others, on the treatment of pneumonia, have been received and adopted by many, so that it is almost needless for me to say anything against a method of treatment, which, however firmly established it may have been at one time, is now almost wholly discontinued. We have learned to recognize the inutility of, and risks attendant upon, this routine method of treatment. We are content to trust more to nature, or the natural course of events. Prof. Austin Flint, Sr., of Bellevue College, New York, stated, in one of his lectures, last winter, that the tendency of pneumonia was towards health, and that by far the largest portion would get well without anything, except alcohol and good nourishment. Much has been said of late, of veratrum, ice packing, etc. My attention was first called to the ice-packing whilst attending Hospital in New York; I doubted, then, whether it could be introduced into private practice, and thus far, it has not been received with favor by the profession. The great object to be held in view in the treatment of pneumonia, is to reduce the temperature, and sustain the heart: for this purpose, we have no remedy at hand so efficacious as quinine, as an apyretic; and alcohol and ammonia is a useful auxiliary, together with beef tea. I am in the habit of making hot applications over the diseased region, and in some cases I resort to counter-irritation.

In conclusion, I would say that I firmly believe, from clinical experience, that if the above remedies are administered resolution will certainly follow. And until I can find as efficient and as safe a substitute, with which to fulfill the all-important indication, viz., the reduction of the temperature and the sustaining of the heart, I shall continue to regard this plan superior to the antiphlogistic or the so-called expectant method. G. T. Fox, M. D.

*Bath, Pa., Oct. 18th*, 1875.

## News and Miscellany.

—At the Durham College of Medicine, Mr. H. E. Armstrong, Lecturer on Botany, took occasion to advocate the stipendiary system of payment to doctors. "According to the principle at present prevailing," he said, "the value of a medical man's services is not measured by the good he does, the evil he averts, or the anxiety and responsibility he incurs, but by the length of his attendance and the amount of physic he supplies. Non-dispensing practitioners charge only for advice, estimating it by quantity; others are content to set a price on their physic, and give the advice into the bargain; a mode of proceeding almost equal to that of Chinese physicians stating beforehand the cost of each drug they propose to administer for the consideration of the patient's friends, who, after much haggling, often end by striking out the more costly items from the prescription."

### QUERIES AND REPLIES.

*Dr. F. R., N. J.*—1. In stricture the rule is to dilate when you can, tear when you cannot. Divulsion would not, therefore, be applicable in the case you mention. 2. A man with gleet and stricture should not marry till both are substantially cured. 3. Internal medication is useless, except to support the general health, if there is occasion for it.

### MARRIAGES.

BIRD—BOSTWICK.—Dr. J. F. Bird, of Philadelphia, and Mrs. Helen Barron Bostwick, of Cleveland, O., were married in the latter city on Thursday, the 11th instant, by the Rev. C. W. Cushing, D.D., assisted by Rev. Mr. Forbush.

EARHART—ST. JOHN.—On the 3d instant, by the Rev. G. A. Muller, at the Episcopal Church, Suspension Bridge, New York, Wm. J. Earhart, M.D., of Philadelphia, Pa., and Mrs. Isabel M. P. St. John, of Grimsby, Ontario, D. C.

LOVELAND—BILL.—In Gilsum, Oct. 21st, by Rev. A. B. Baxter, I. Albert Loveland, M.D., of Westmoreland, and L. Mahala Bill, of Gilsum.

MURRAY—NORTEN.—At the Methodist Episcopal parsonage, Mt. Carroll, Illinois, Dr. Wm. C. Murray and Miss Nettie Norten, both of Byron, Ogle county, Illinois.

RANGER—ALDRICH.—In the Presbyterian church of Tontogany, on the evening of October 27th, assisted by Rev. Taylor, Erastus Ranger, M.D., of Weston, and Mrs. M. J. Aldrich, of Tontogany, Wood Co., Ohio.

ROEPPER—BRASHEAR.—In the Moravian Church, at Canal Dover, Ohio, November 2d, 1875, by Rev. C. C. Lanius, Mr. Charles W. Roepper, of Bethlehem, Pa., to Miss Nina Brashear, daughter of Dr. B. B. Brashear, of Canal Dover, Ohio.

SEIBERT—BRICKER.—At the Lochiel Hotel, Harrisburg, Pa., on Thursday evening, November 18th, by the Rev. E. Daron, W. H. Seibert, M. D., of Steel Works, Pa., and Miss Clara H. Bricker, of Mechanicsburg, Pa.

THOMPSON—REID.—On Wednesday, Nov. 3, at the parsonage, by Rev. Adam Reid, D.D., Bradford S. Thompson, M.D., and Isabella G., daughter of the officiating clergyman, all of Salisbury, Conn.

### DEATHS.

SMITH.—In New York, on Wednesday, Nov. 10, Willie, youngest son of Mary A. and Dr. J. Lewis Smith, aged 9 years.

THE

# MEDICAL AND SURGICAL REPORTER.

No. 979.] PHILADELPHIA, DEC. 4, 1875. [Vol. XXXIII.—No. 23.

## Original Department.

### Communications.

### NASAL CATARRH, ITS TREATMENT, etc.

BY MARTIN F. COOMES, M.D.,

Assistant to the Chair of Ophthalmology and Otology, in the Hospital College of Medicine, Louisville, Kentucky.

Read before the Academy of Medicine, Oct. 31, 1875.

It is only within the last few years that the subject of nasal catarrh has received any special attention, from the fact that there were no means of demonstrating the true pathology of the disease until in 1860, when the rhinoscope was introduced to the profession by Dr. J. N. Czermak. With this and other suitable appliances we are enabled to examine the structures involved, and ascertain their exact condition. That such an investigation is essential to the successful treatment of every case of nasal catarrh, no one can deny. The neglect of this duty on the part of the doctor is the sole cause of so many failures in the treatment of this affection.

Ocular inspection of the nasal cavities is just as essential in the diagnosis of nasal catarrh as it is in retinitis, or as auscultation, in diagnosis of the various diseases of the chest. This is a point to which too much importance cannot be given, if we wish to be successful in the treatment of nasal catarrh. The common plan of treatment advised by the general practitioner is with the nasal douche. A few practitioners use the catarrhal syringe, an instrument of great value.

The use of the nasal douche is hazardous, and like many other evils, well calculated to exercise its baneful influence before the patient is aware of it, because of the temporary relief which it affords, by partially cleansing the nasal cavities, or moistening their surfaces if they be dry. Such relief is surely very gratifying to those afflicted with this annoying disease, and is calculated to induce the sufferers to resort to its use, though they may be aware of its dangers.

The experience of most otologists is that the douche is liable to excite inflammation of the middle ear, an affection which is by no means of minor importance when it is remembered that it often results in partial or complete loss of hearing. If the inflammation becomes chronic, cerebral meningitis or abscess of the brain is liable to occur. There are many reasons why the douche should not be used. The floor of the nasal passages is nearly on the same plane with the faucial orifices of the Eustachian tubes, and the liquid, passing in, as it does, on the floor of the meatus, will, if the mouths of the tubes be opened by the act of deglutition, pass directly into the tympanum. The peculiar and complicated structure of the nasal cavities prevents the douche from cleansing them as thoroughly as is necessary. The application of powerful medicines is not admissible by means of the douche, because it allows the liquid to pass over surfaces that are not diseased, and therefore forbids the use of many of the most valuable agents.

Remedial agents can be used with perfect safety by means of the catarrhal syringe or spray producer. With the catarrhal syringe the nasal cavities and naso-pharyngeal space may be cleansed as effectually as with the douche.

The causes of catarrh are not numerous. Cold, which, I take it, means either sudden atmospheric changes, or some materies morbi transported through the air, may be counted the most common cause. The exanthems all are associated with catarrh more or less. It is also seen in the form of an eczema in strumous and syphilitic subjects. I have good reason to believe eczema of the nasal mucous membrane is frequently caused by the exhalation of tobacco smoke through the nose. The form of pharyngitis known as granular or follicular is unquestionably due, in some instances, to excessive smoking.

The symptoms of catarrh are more or less irritation of the mucous membrane lining the nasal cavities, which may extend to the pharynx, larynx, trachea, and bronchial tubes. There is generally a profuse discharge of mucus from the nostrils, an unpleasant sensation of fullness and heaviness in the head, with sneezing, cough, etc. In some cases there is great difficulty in breathing through the nose, and a nasal twang is imparted to the voice. There is a continued frontal headache, which is almost pathognomonic of the disease, and is always intensified by the least exposure to cold.

"If the pharynx and larynx are involved, occipital headache is present, with more or less soreness of the muscles of the neck." The sense of smell may remain, be impaired, or completely lost. The rhinoscope will detect more or less swelling and congestion of the membrane, with erosions in some cases. In cases where the disease has progressed for a considerable time without treatment, or the treatment has been improper, the walls of the pharynx, as well as the posterior nares, are, in many instances, covered with inspissated mucus, which presents a yellowish green or gray appearance, and is expectorated more freely in the morning soon after rising, and after meals, when it has been loosened by the inhalation of warm vapors. In eczema of the membrane lining the nasal cavities there is a scaly appearance, with an exudation of blood or bloody serum. When the scales are removed, the surface has much the appearance of the ordinary eczematous sores so often seen about the lips and ears of children.

There is a form of the disease that is sometimes called "dry catarrh." The mucous membrane, in cases of this kind, presents a dry and hypertrophied appearance. There is scarcely any secretion of mucus at all; certainly a great deal less than in health. There is a feeling of fullness about the nose. Although this is spoken of as dry catarrh, it is not a catarrhal inflammation, for in catarrhal inflammation of the nose there is hyper-secretion of mucus, while in what is termed "dry catarrh," but what is properly a proliferous inflammation, there is almost a total absence of moisture, the mucous secreting glands having been rendered inactive by the disease. The distinctive characters of the two inflammations are well marked, though they may both exist at the same time and in the same locality. Then it might be called a catarrho-proliferous inflammation, or a disease in which there is a hyper-secretion of mucus, with an increase in the multiplication of the connective tissue cells. The prognosis of nasal catarrh is favorable in all cases where the proper plan of treatment is carried out; that is, where the doctor and patient both do their duty in regard to it.

The treatment should be both local and constitutional. If the patient is suffering from debility, a course of tonics, with good diet, is very essential. If there is a strumous diathesis the indications for treatment are obvious, the iodide of potassium and bichloride of mercury being among the best remedies. They are especially indicated where there is a syphilitic taint. Constitutional medication must not be overlooked if we wish to treat this affection successfully. The indications for local medication are numerous. There are four ways in which these local applications are usually made—with the catarrhal syringe, the spray producer, the insufflator, and the brush or probe, and cotton wool. "Holmes' Boston Perfumer" is the best spray producer now in use, and its cheapness and durability commends it to all who need such an instrument. The atomizer is particularly adapted to the treatment of the disease in children who are too young or timid to allow the use of the catarrhal syringe. It is also one of the most convenient and reliable means of applying powerful agents, and is the only instrument that should be intrusted to the hands of the patient. One among the very best insufflators that I have seen, is made by placing an ear speculum, such as Gruber's or Wilde's, in the end of a piece of rubber tubing, to which an air bag (such as Politzer's) is attached. There are instruments in the market which will answer the purpose very well, but the simplicity

and convenience of this insufflator gives it an advantage over all others. Any powder or solution may be used with the brush, but unfortunately there are only a few cases in which all the diseased surface can be reached with it. For cleansing purposes, saturated solutions of the muriate of ammonia or chloride of sodium are the most efficient, and should be used with the syringe. If there is great tenderness, these solutions are very painful, and should not be used indiscriminately. Weak solutions of the same salts may be used advantageously in the more violent acute stages. The severity of the symptoms may be taken as a guide for the application of strong or weak solutions. The rule is, the more severe the symptoms the milder should be the application, and as symptoms become less severe, the strength of the application may be increased. There are exceptions to this, just as to all other general rules. Unless the diseased surface be perfectly clean, remedial agents, applied in any way, have but little or no effect.

Solutions of carbolic acid, varying in strength from five to thirty grains to the ounce of water, solutions of the sulphate of zinc, sulphate of copper, nitrate of silver, and chloride of zinc, of the same strength, may be used with great advantage. A favorite combination with me is the solution of five grains each of carbolic and tannic acids to the ounce of water. This is a very efficient deodorizer, antiseptic, and astringent. It can be applied by the patient with the atomizer. When there is hypertrophy of the membrane lining the nasal cavities, a solution of the bichloride of mercury, one grain, muriate of ammonia, one drachm, to the ounce of water, is one of the best applications that can be made. It may be applied with the syringe or atomizer. Iodine, half a drachm or a drachm to the ounce of glycerine, is often very beneficial in the treatment of obstinate chronic cases. Tannic acid and glycerine, in the same proportions as the iodine and glycerine, is of equal benefit in many cases. There are many substances which may be used in powder; among the most valuable of these are the powdered bromide of potassium, powdered tannin, powdered chlorate of potassa, and a powder composed of equal parts of calomel and white sugar. These are best used with the insufflator. The powder composed of calomel and sugar is particularly useful when there is an eczematous condition of the membrane lining the nose.

## APOPLEXY, OR NARCOTIC POISONING.

BY D. C. LEAVENWORTH, M.D.,

Of New Haven, Conn.

That physicians are liable to mistake apoplexy for narcotic poisoning, and vice versa, the following will illustrate:—

On the 22d of November, 1874, at 11 A.M., I was summoned in haste to attend Mrs. C., aged sixty-one, who had been found in her bed in an unconscious state, about three hours previously. When I saw her she was comatose, the pupils were contracted, immovable and insensible to the light; face of a purplish hue; slow, interrupted respiration; deglutition impossible, etc. My first impression was that the woman was in an apoplectic fit, but upon a closer examination of all the symptoms, I became convinced it was a case of opium poisoning. My convictions in this direction were strengthened by observing peculiar stains on the pillow. I also found a vial, partly filled, on the dressing table, containing a preparation which I thought to be mostly composed of tr. opii.

Leaving appropriate directions with the attendants for the present treatment of the patient, I immediately drove to the drug store which the number on the vial indicated was the place where the medicine was prepared. The druggist coincided with my opinion, that the present contents of the vial were mostly composed of laudanum, but as the prescription in the book corresponding with the number on the vial did not call for it, we concluded the laudanum had been put in the vial after the original prescription had been used, as some time had elapsed since the preparation was first compounded. Obtaining a solution of atropia, I returned to the patient.

As is usual in such cases two or three physicians had been summoned, and one had arrived during my absence, who pronounced the case apoplexy. Explaining to him the reasons I had for thinking it a case of opium poisoning, I proposed a hypodermic injection of belladonna, and with his concurrence I injected twelve minims solution atropia, strength one grain to one drachm. In a few moments the pupils began to dilate, and in about fifty minutes they were almost fully dilated, and I thought there was some change for the better with the pulse and respiration, also some action of the muscles of the face. But the unfavorable symptoms soon returned, and the patient continued to

grow worse, nowithstanding all our treatment, which we persevered in for some hours. The patient died the next morning, at 4 A. M.

In relating this case to our Medical Association, I was of the opinion the woman died from the effects of opium. The physician with me insisted that it was a case of apoplexy, and was confirmed in this view by the experience he had in cases of opium poisoning, and from the fact that so many hours elapsed from the time she was found in an unconscious condition until death took place.

Now, in regard to the time the patient lived, after taking the opium: we have cases referred to in the books, where they have lived longer. Of course there will be much variation as to the time death takes place, after taking a fatal dose; but I am strongly impressed that, by the subcutaneous injection of the atropia in this case, the patient's life was prolonged.

The question will, probably, be asked, why was not the atropia repeated, especially considering the apparent good effect of one injection? But it will be recollected the physician with me believed the case was apoplexy; therefore it would not have been advisable for me to assume all responsibility, and pursue the treatment I should have adopted if there had been no doubt the woman had taken a fatal dose of opium.

From information obtained since her death, there is no doubt she had intended to commit suicide for some weeks; besides, other poisons were discovered in her room.

The case strongly illustrates how liable we are to be mistaken in cases of this nature, and in consequence of the mistake, adopt inappropriate treatment.

## Hospital Reports.

### UNIVERSITY OF PENNSYLVANIA.

#### SERVICE OF PROFESSOR LOUIS A. DUHRING.

REPORTED BY ARTHUR VAN HARLINGEN, M. D.

**Ulcerating Syphiloderm, resembling Lupus Vulgaris—Squamous Eczema of the Scalp.**

The first patient is a healthy-looking Irishman, fifty years of age, a blacksmith by occupation. The affection for which he seeks relief is confined to the right side of the head, situated about the ear and mastoid region. It is seen to consist of a patch as large as the palm of the hand, extending from the front and upper portion of the external ear, over the temporal region, thence downward, involving the whole mastoid region, to the tragus and the back of the auricle. The inside of the auricle is entirely free from disease. The line of demarcation, upon the side of the head, between the healthy and diseased tissues is very marked. The patch consists of elevated, indurated, thickened and infiltrated tissue, of a purplish red color, with here and there small pin-head to pea-sized ulcers, communicating in places, beneath the skin, tending, as it were, to riddle it. The ulcers are in all stages of development, and are, for the most part, not well defined, looking, in many places, like excoriations. In various parts of the patch are bands of cicatricial tissue, which are quite hard, and resisting to the touch. The auricle is, in great part, bound down to the side by connective tissue adhesions, showing that the process has evidently been one of long standing. The surface of the patch is free of scales, somewhat glistening, and shows but a few scanty crusts.

In addition to the chief seat of disease as described, there exist several longitudinal fissures, or ulcers, from a quarter to a half an inch in length, situated in the skin, beneath the angle of the jaw; they are not accompanied by surrounding infiltration.

The history given by the patient is singularly confused and obscure, he stating that the disease both itched and pained violently, also that it at times oozed water, all of which he shortly after denied. He further both denies and admits venereal disease many years ago.

The present skin trouble dates about sixteen years back, beginning as a "small pimple," since which time it has advanced slowly. During the last four years, however, he adds, it has not made any advance. He has been subjected to various kinds of treatment, having taken, he says, among other medicines, large quantities of the iodide of potassium—"as much as a barrelful of the mixture."

At present the disease causes no pain, or even annoyance, excepting occasional itching.

A glance at the condition, Dr. Duhring remarked, would show that this disease is not inflammatory in its nature; and this fact settled, a large class of diseases would be excluded in the process of diagnosis. The disorder finds its place among the new growths, and it may be one of two diseases—lupus vulgaris or syphilis. Were it lupus we should expect to see some signs of this deposit in the form of papules and tubercles, neither of which lesions are present. Dry, flaky desquamation would also be observed in lupus, in the place of which the skin is quite free of scales. Again, were the affection lupus, the infiltration would not have assumed the uniform distribution which the patch possesses; it would have manifested a broken appearance, with sound skin in between the smaller patches which always go to make up the larger tracts of lupus. On the other hand, the features enumerated as being present point directly to syphilis. The uniform infiltration, the elevation of the patch, the appearance of the ulcers and their tendency to communicate subcutaneously, the

distinct semi-circular lines of demarcation surrounding the patch upon the side of the head, the absence of pain and other symptoms, all speak in favor of a late cutaneous manifestation of syphilis. The fact that, in spite of the long duration of the disease, the condition has remained about the same, better and worse from time to time for a number of years, is to be accounted for by the patient having repeatedly taken the iodide of potassium, which remedy has doubtless greatly influenced its course. With the knowledge that he has consumed large quantities of the iodide of potassium without much benefit. the following preparation may be prescribed with the hope of success,

℞. Hydrarg. chlor. corros., gr.j
Potass. iodid., ʒj
Syr. zingiberis, f.ʒij
Aquæ, f.ʒij. M.

Sig. One teaspoonful to be taken twice daily.

The local treatment, here, is also a matter of importance. The patch should be cleansed with soap and water, and the followimg ointment applied on a cloth,

℞. Ung. hydrarg.,
Cerat. simplicis, āā ʒj. M.

The second patient is also a middle-aged man, presenting a disease confined entirely to the scalp, and which consists of a mass of dry scales covering the surface, with occasional crusts. Together with these appearances, the skin is somewhat red and infiltrated, and about the edge of the hair may be observed a certain amount of moisture, with some few crusts. The disease is of about five months' duration.

The case, Dr. Duhring remarked, was one of squamous eczema of the head. Around the border of the scalp, where the affection is more recent, the vesicular form prevails, but over most of the scalp it has passed into the squamous condition. When the squamous form alone is prevalent, in a given case, some difficulty is occasionally experienced in making a diagnosis between this disease and such affections as psoriasis and seborrhœa of the head. But these moist and weeping patches of disease near the border of the scalp point to eczema quite unmistakably.

As regards the treatment of this case; as it is found that the patient suffers from imperfect digestion with constipation of the bowels, he shall be ordered some preparation, as a tonic aperient, which will meet the indications suggested by these symptoms. Locally, the scalp is to be thoroughly cleansed morning and evening, with warm water and castile soap, and all the scales and crusts removed, so far as practicable. Then, after the scalp has been washed with pure warm water, and dried with a soft towel, the following preparation shall be rubbed into the skin,

℞. Ol. cadini,
Alcoholis, āā f.ʒiv. M.

## Medical Societies.

### MEETING OF THE AMERICAN PUBLIC HEALTH ASSOCIATION.

*(Concluded from No. 978.)*

When the Association met on Thursday morning, it elected the following officers:—*President*, E. M. Snow, M. D., Providence, R. I.; *First Vice-President*, John H. Rauch, M. D., of Chicago, Ill.; *Second Vice-President*, Professor F. A. Walker, LL. D., of Yale College, New Haven, Conn.; *Treasurer*, J. Foster Jenkins, M. D., Yonkers, N. Y.; *Executive Committee*, Hon. A. W. Boardman, President of Board of Health, Boston, Mass.; J. S. Billings, M. D., United States Army; J. M. Woodworth, M. D., Supervising Surgeon Marine Hospital, Washington, D. C.; Hon. L. H. Steiner, M. D., of Maryland; Ezra M. Hunt, M. D., N. J., and Jackson S. Schultz, Esq., of New York.

The Secretary having been elected to serve three years, Dr. Elisha Harris, of New York, the present excellent occupant, continues in office for another year.

During the ballot for officers, the Secretary of the Association read letters from Boston, Detroit, Savannah, New York. and Providence, inviting the Association to hold its next meeting at those points.

After the election of a large number of new members, Frank Hambleton, C. E., of Baltimore, read a paper on "Efficient House Connections with Sewers, etc.," in which it was contended that if sewerage was generally adopted, we should be relieved of cesspools, with all their foul and dangerous emanations and disgusting odors and conditions. We should not be inconvenienced by night carts, even by the odorless excavators, in our streets. We should not have vast accumulations of night soil in our rural districts, freighting the air of their vicinity with foulness. We should have comparatively little of the putrid accumulations in our gutters, which now become stranded on their long journeys in their present cobble-stone channels. Our back alleys would no longer be reeking with decomposing filth from the slops thrown into them. From the time our refuse matter entered its initial sink until it emerged at its point of destination, it would travel in subterranean channels, leaving our streets comparatively clean and undefiled.

Jackson S. Schultz, of New York, then read a paper on "The Utilization of Animal and Vegetable Refuse Substances in our Large Cities." What concerns us most is how to ascertain the best way of getting rid of the garbage from dwellings, public markets, hotels, slaughter-houses and abattoirs, and to utilize it with regard to sanitary laws. Swine owned by the poor were the only street scavengers known in New York up to 1830. The buzzards did similar work for our Southern cities, but now garbage and offal, in New York, are thrown into

the sea. Cannot this be made profitable? In the country the refuse from the kitchen of a family of four or five persons, supports one pig. He proposed to furnish a city hog-pen in the suburbs, at which shall be fed one hog for every family. There might not be much chemistry about the subject, but there is reason in it. In New York, three hotels sell their garbage for from $500 to $2000 per year. In 1867 the average price per barrel was sixty cents. Thirty cents per barrel will compensate for the cost of collecting and delivery to such suburb as might be accessible. Cities should adopt a system of collecting it, and compensate the people supplying it. Dead animals could be converted into food for swine, and what cannot be so used could be converted into fertilizers. He considered at length the plan of setting apart one of the islands in Long Island Sound as a depository of all the refuse matter, garbage, etc., from hotels and dwelling-houses in New York city. On this island it is proposed to place a sufficient number of swine to consume all the offal, and to erect adequate buildings and sheds for their protection. The labor on these islands is to be done by such able-bodied paupers as are now idle in charitable institutions.

Dr. Benjamin Lee, of Philadelphia, then presented a paper on "Penny Wisdom and Pound Folly, or the Cost of a Great Epidemic to a Great City," referring to the small-pox epidemic of 1871–2. He considered the actual expenditures of the Board of Health, the loss by diminished travel and traffic, by sickness and death, and by disability. The reports of the Board of Health of the City of Philadelphia for the years 1871–2 show that the sum of $56,464.84 was spent, over and above ordinary expenses, in consequence of the epidemic which prevailed at that time. The loss by diminution of travel and traffic is shown by the reports and estimates of the various railways and city passenger railways. One city passenger railway estimates that in the four winter months it carried 112,272 persons less than would have ridden in its cars but for the prevalence of the small-pox. The general estimate of diminution of travel on railways is eight per cent., of incoming travel on railways six per cent., and of outgoing freight four per cent. Estimated loss to railroad companies, $19,509,149, being the revenue for six months; 4½ per cent., or $877,911.50, represents the loss, of which one-tenth, or $87,791.15, is assigned to the city directly.

Loss to hotel keepers, 61,312 days, at $3 a day, $183,936. Loss to retail dealers, 61,312 customers, at $5 each head, $306,560. Loss to merchants and manufacturers' production of city in 1870, $335,000,000. For six months, 1871–2, estimated, $192,625,000. Deduct locomotives, ships, and iron and glass wares, $44,-866,050. Deduct portion consumed at home, say 15 per cent., amounting to $28,893,750, and we have left $118,865,250 as the outgoing freight, subject to diminution of four per cent., in consequence of the panic throughout the country. This amounts to $4,754,000. The total loss by diminished travel and traffic is thus shown to be $5,429,149.15.

The Board of Health estimates the number of cases at 25,000. The average duration of fatal cases in municipal hospital was twelve days; average duration of convalescent cases, twenty-six days; total number of days of hospital care, 33,400, at an expense of $15,000 for food and medicine, or forty-five cents per day; results of London hospitals thirty-eight cents per day; estimated cost for all classes throughout the city, fifty cents per day; total number of days throughout the city, 407,758; cost $203,879. Loss by diminished production—days' labor lost by 17,300 producers actually sick, 420,862; by care-takers, 283,848; total days lost, 704,-710. Value of daily production—Dr. R. Bruddell Carter, of London, places a week's wages at £1, nearly $1 a day; the report of State Board of Health of Massachusetts, $1.23; Mr. David A. Wells, $1.40; revised census of Philadelphia, 1870, $1.58; rate assumed in this paper, $1.50 for adults, and 50 cents for youths. Hence, value of productive labor lost—

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| Adults | $1,057,065 |
| Youths | 15,000 |
| Total | $1,072,065 |

Mr. Wells estimates the individual at 16 years of age to represent an investment by society, without interest, of more than $800, and at 18 years, allowing interest, of $1500. If idle from this time on to the limit of his expectations, he will cost the community $5000. Allowing less than one-half the number of deaths to represent the disabled, we then have $10,-000,000, representing the loss on this account.

Loss by Deaths.—The average value of a human life is, dollars and cents: The able-bodied negro was valued at from $1000 to $1500, in gold. Estimate of a life to-day, adult, $2000; from 10 to 20 years, $1000; from birth to 10 years, $500.

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| Number of deaths between 20 and 65 years, 1644@$2000 | $3,288,000 |
| Between 10 and 20 yrs., 670@$1000 | 670,000 |
| Between birth and 10 years, 2110@ $500 | 1,055,000 |
| Total | $5,013,000 |
| Funerals at $20 per head, 3721 | $74,420 |

RECAPITULATION.

*Loss by Sickness, Death, and Disability.*

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| Expenses incurred in care of sick | $203,879 |
| Loss by sickness (time) | 1,072,065 |
| Loss by disability (time and expense) | 10,000,000 |
| Loss by death | 5,013,000 |
| Expense of premature burials | 74,420 |
| Total | $16,363,364 |

Estimate of increased expenditure, salaries of

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|---|---|
| twenty-seven vaccine physicians, at $1000 per annum | $40,500 |
| Vaccine Bureau | 500 |
| Chief of Bureau salary | 2,000 |
| Lease of vaccine farm | 2,900 |
| Fitting up hospital for vaccinifers | 500 |
| Cost of carrying on vaccinifers | 6,000 |
| Disinfecting Station | 2.000 |
| Cost of carrying on same two years | 2,000 |
| Corps of Disinfectors | 4,000 |
| Diffusing information | 1,800 |

While firmly believing that the disease is absolutely preventable Dr. Lee estimates the degrees to which it might have been prevented by thorough vaccination with lively virus, at an early remove from the cow, at 75 per cent. for cures, and 90 per cent. for deaths; by careful re-vaccination, at 10 per cent. additional for cures, and 5 per cent. additional for deaths; and by thorough disinfection of effects and premises, at 5 per cent. additional for cures, and 2½ per cent. additional for deaths; entitling us to strike off 90 per cent. of all cures and 97½ per cent. of deaths. On this basis our expenses and losses would have been as follows: 237 cases in hospital, of which 20 were fatal, 240 days, 217 recoveries. 3472 days, at fifty cents per diem, $1856. Twenty thousand and six cases in city, of which 93 were fatal, 1116 days, 1913 recoveries, 32,096 days, at fifty cents per diem, $16,601. Loss by sickness, $107,206.25; loss by disability, $425,000; loss by death, $125,335; loss by funerals, $1860.

A statement accompanied the paper, showing that the total loss of the epidemic was $25,478,977.99, and also a table which contained the figures, giving what would have been the cost had the policy of prevention been the course pursued. The difference in favor of sanitation is $24,720,718.99.

An invitation was read, from Dr. William B. Atkinson, Secretary of the Committee of Arrangements, Centennial Medical Commission, inviting the Association to appoint ten delegates to represent it in the International Medical Congress, to meet at Philadelphia, September, 1876. The following were appointed:—Dr. Joseph M. Toner, D. C.; Dr. C. F. Folsom, Massachusetts; Dr. J. S. Billings, U. S. Army; Prof. Stephen Smith, M. D., of New York; Dr. C. B. White, La.; Hon. F. G. Thomas, M. D., Ga.; Dr. Kedzie, Michigan; Dr. James A. Steuart, Md.; Dr. J. M. Logan, Cal.; Dr. H. A. Johnson, Illinois.

The next paper was on "Sanitary and Economical Advantages of Small Hospitals or Village Infirmaries, for Manufacturing and Mining Populations," by Thomas J. Dunott, M.D., of Harrisburg, Pa. He contended that true economy dictates sufficient outlay of money by legislative provision to support a widely-distributed hospital system. In Pennsylvania this attempt has already been made in the right direction, for, during the Legislative session of 1874, an act was passed to "provide for the support out of the county treasuries of the sick and injured poor when under treatment in hospitals in certain cities and boroughs." The necessity of the same laws in every State, and the establishment of such hospitals, not only for paupers, but also for those made temporarily poor by straits of circumstances over which they have no control, was strongly urged.

At the afternoon session, Professor Carl Pfeiffer, F.I.A., of New York, read a report on "Principles and Methods of Ventilation" in hospitals, dwellings, etc. Authorities were cited to show that chimneys and fire-places acted as the best natural ventilators. They do not act as bellows, nor produce so-called drafts. With many others, he favored mechanical or propulgent force for ventilation. The experiment was tried in France to expel the foul air in hospitals, leaving the fresh air to take care of itself, but failed. If a supply of fresh air is supplied, little attention need be paid to the foul. Dr. Seifert, of Dresden, to whom was awarded the first prize, by the Imperial Academy of Vienna, for an essay on the construction of asylums for the insane, had arrived at the conclusion that mechanical ventilation was the most perfect.

Dr. A. N. Bell said that what was most needed was a principle of ventilation that could be generally applied to the dwellings of the poor.

Prof. Pfeiffer said that to secure this it would be necessary to send missionaries among the mercenary owners of these dwellings. The poor must be educated to the fact that fresh air is as essential to their health as good food. To secure thorough ventilation in tenement houses, machinery would have to be adopted that could not be interfered with by the occupants.

Dr. Billings said, that good ventilation, satisfactory heating and economy, were impossible to be secured at the same time. The question to the poor man was, often, whether he would suffer from the cold or the foul air. There were very few who would shiver all night for the sake of enjoying fresh air.

Prof. Pfeiffer said that one sanitarian had suggested, as a solution of the problem, that the government supply the poor with fuel, which would tend to their being able to enjoy pure air.

Dr. Hunt read a paper by Dr. Homer O. Hitchcock, President Michigan State Board of Health, on the "Relation of Alcoholic Drinks to Health." There were manufactured in the United States, in 1871, 100,000,000 gallons distilled spirits, or about three gallons to every man, woman, and child. Of brewed liquors, 400,000,000 gallons, or twelve gallons to each man, woman, and child. Of wines, 20,000.000 gallons, and imported liquors, 20,000,000. This should arrest the attention of every thoughtful citizen. The value of the sales of retail liquor dealers in the United States, in 1865, was $1,-483,491,865, or just about $48 to every man, woman, and child; probably two-thirds of this

was consumed for drink. The United States census reports as the whole number of insane persons in the States and Territories, 37,432. If we adopt the percentage for this country that Lord Shaftesbury has adopted for England, we have in the United States and Territories 22,458 cases of insanity, more or less directly caused by alcohol. Of the 40,880 idiots in the United States it is estimated that 18,270 were brought to that condition by alcohol. In an article prepared by A. S. Fisk, A. M., it is stated that 80 to 90 per cent. of our criminals ascribe their crime to intemperance. What do 49,000 deaths caused by alcohol cost the nation? The average cost of burial cannot be less than $10 each, giving the sum of $490,000. Alcohol shortens the lives of those who use it twenty-eight per cent. It follows that these 49,000 persons have each lost to the nation 28 per cent. of 57.46 years, or 16.08 years of effective life, giving a total of 78,400 years. These figures are much below the actual loss, for according to the expectancies of intemperate persons the loss of effective life is twenty-three years, within a small fraction, involving a loss to the nation of effective life by those who die from the effects of alcohol of 1,127,000 years. If each effective year be valued at $150, the nation loses on the first calculation $117,600,000, and on the second calculation $169,060,000. The loss of effective life in dying of insane persons from alcohol, is 9358 years, entailing a loss to the nation of $1,403,700. Every business is rightfully held responsible for its evil effects. Every State government should at once institute, by a competent commission, a careful inquiry as to the amount of losses the State suffers from the traffic in alcoholic drinks, and should assess that amount upon the dealers equitably, according to their sales.

Dr. W. T. Harrison, Jr., of Baltimore, read a paper on "Alcohol in Relation to Life Insurance." Life insurance medical directors know full well that indulgence in alcohol is an important factor in occasioning many premature deaths that are put down in their tables as pneumonia, pleurisy, brain diseases, etc.

Papers on Yellow Fever in Florida were presented, from Dr. G. M. Sternberg, Surgeon U. S. A., and Dr. Harvey E. Brown, Assistant Surgeon U. S. A. Dr. W. Gleitsmann, of North Carolina, contributed a paper on "Western North Carolina as a Summer Resort," especially for consumptives. Dr. Josiah Curtis, Supervising Medical Officer, Indian Bureau, Washington, read one on "Diseases among the Indian Tribes." The great influence the "medicine man" has over the ignorant and superstitious savages, sometimes is the cause of wars and other evils prevalent among the Indian tribes, and led to the outrages committed by Captain Jack. As the Indian becomes civilized, he transfers his confidence to the American physician. The diseases that prevail among the Indians are pretty well distributed throughout the year, but to a greater extent in April, May and June. Scrofula, rheumatism, diseases of the bowels and skin, are among the most prevalent.

At the evening session, Dr. Nathan R. Smith, presiding, Dr. Lewis H. Steiner, of Frederick, Maryland, took a sanitary view of the question, "Am I My Brother's Keeper?" showing the necessity of adopting every practicable means of improving the public health, and of educating the people on this subject. He argued that the laws of health, and the results of their violation, should be freely communicated to the people; existing sanitary organizations should be encouraged, and new ones formed; and Boards of Health for towns, cities and States, should be established by proper authority, and endowed with all necessary powers for the performance of their duties.

Dr. Andrew D. White, LL. D., President of Cornell University, addressed the Association on "Disputed Points Regarding Sanitary Care and Physical Culture in our Universities, Colleges, etc." Our students, he said, live in dormitories, small rooms, with the worst means of heating and of ventilation. Statistics of the death rate among college students, also statistics in regard to their diet, would be of great value. Provision for relaxation among students must be made. Nothing would be better than one or two attractive club houses, with newspapers, games, a ten-pin alley, and a billiard table and the like. The gymnasium he believed in most heartily. In John E. Morgan's book on the after life of the members of the University crews of Oxford and Cambridge, the statement is made that out of 294 members of these crews, only 17 have died in forty years, and only seven of these died from diseases of the heart or lungs, while the average of London deaths from these diseases would, out of that number, be forty-six. Out of these two hundred and ninety-four oarsmen, only two think they were injured by their training, and these are not sure but what it may have been from the effects of tobacco, of which they were particularly fond. Sanitary instruction should be given in our higher schools and colleges. Instead of relegating it to the last year of the course, he would place it at the beginning. This line of study should be warmly advocated by this Association.

On Friday morning Dr. H. W. Dean, of Rochester, New York, submitted a paper on "Sanitary Principles in Home Architecture," with reference to its surroundings of soil, drainage, sunlight and pure air; and Professor E. W. Claypole, of Antioch College, presented a paper on "The Popularization of Sanitary Science," including the diffusion among the people of what relates to prevention of sickness and death, not only in communities, but in individuals, comprehending habits of eating, drinking and cleanliness, the supply of air, light and water, the prevention of epidemic and epizootic diseases, the control over factories to abate nuisances, but even further, the hygiene of the mind, such as the regulation of study, the building and discipline of schools, asylums, jails, reformatories, with all that tends to the

prevention of mental disease, both emotional and intellectual, whether it takes the form of insanity or crime. He advocated the employment of expert teachers in sanitary science in all the universities, colleges and schools. In the face of the sanitary law that 2000 cubic feet of fresh air hourly are needed for a single person, we read of the public schools of Brooklyn, where 108 to 24 cubic feet is possible, while the temperature ranges in the same room from 64° to 90°, and in another from 50° to 95°. Lunatics maintained at public cost receive better treatment; criminals live in better condition. This is the sanitary education our children get, reciting lessons on ventilation in a polluted atmosphere, or on the evils of tight lacing to a teacher who diregards the law.

A paper on "Water Filtration for Domestic Use," by Dr. Thad. M. Stevens, of Indianapolis, was read, and one by Prof. James Law, M.D, D.V.S., Cornell University, on "Hereditary Entailment in the Domestic Animals and in the Human Family." The latter is an elaborate treatise on the subject. Dr. Elisha Harris, of New York, read a valuable paper on Laws, Sanitary Provisions, etc., for securing the benefits of General Vaccination." Dr. H. B. Baker, of Michigan, presented one on "Infant Mortality" in that State. The titles of a number of other articles were read, most of which will appear in the Annual Volume of Transactions.

Dr. Harris, Secretary, read the following resolution, which had been passed by the Executive Committee:—

*Resolved*, That the Executive Committee is instructed to memorialize, in the name of the Association, the Congress of the United States, in favor of such legislation as will bring about a proper co-operation between the General Government of the United States and the several State governments, for a uniform and efficient system of the registry of deaths, births, and marriages of the population.

The following resolutions were also passed by the Executive Committee:—

*Resolved*, That in view of the fact that the funds of the Association are insufficient to publish in full all the papers presented, the President shall appoint two members, who, with the Secretary, shall constitute a publishing committee.

*Resolved*, That it shall be the duty of this committee to examine the papers presented to it by the Secretary, and to decide as to which shall be published in full, and which in abstract or by title only.

Dr. J. Foster Jenkins, of Yonkers, New York, and Dr. A. B. Segar, of Brooklyn, were appointed, in addition to Dr. Harris, to constitute this committee. Resolutions of respect to the memory of Drs. E. Krackowitzer and G. W. Peate were adopted, and of thanks to the press for faithful reports; after which the Association adjourned to meet at Boston in November 1876.

# Editorial Department.

## Periscope.

### Auscultation of the Œsophagus.

Dr. T. Clifford Allbutt describes this means of diagnosis in the *British Medical Journal*:— The method of auscultation of the œsophagus depends upon the audibility of the swallow, both in the neck and thorax. It is best, of course, to educate the ear at first upon a healthy subject. The subject is requested to take a mouthful of water, and to swallow it at a signal. The operator then places the stethoscope (Sibson's stethoscope is the best for the purpose, I find, but any stethoscope will do) first upon the trachea anywhere between the hyoid bone and the supra-clavicular fossa. The signal being given, the patient now swallows; and, as he does so, a very distinct resonant gurgle is heard at the place of the stethoscope. This sound, which is very loud at the hyoid bone, where the water is, as it were, slung through a tube into the observer's ear, becomes duller as the instrument is removed to deeper parts of the neck. Below the cricoid cartilage, the sound is more heavy or solid in character, and the morsel is, as it were, shoved downward with a whiz. To examine the lower part of the œsophagus, the instrument must be removed to the spine, and must be carried down the left side of the spines of the first eight dorsal vertebræ. Here the sound is still more distant, though still very distinct, and is like a smooth body slipping through with a sort of cluck.

By repeated observations upon the healthy subject, the operator must make himself thoroughly familiar with the tone, with the apparent size of the morsel, with the energy of the œsophageal contraction, with the rapidity of it, and also with the direction of the morsel. The rapidity of the passage of the morsel is ascertained by putting the instrument over the cardiac orifice while a finger is placed upon the larynx. The moment of commencement of deglutition is known precisely by the rise of the larynx; the moment of its completion is recognized by the ear. The rate of the swallow varies a little in individuals, and is generally distinctly slower in weakly persons at all times, and in healthy persons after a prolonged meal.

The direction of the swallow may be reversed, as in regurgitation. In this case, the gulped fluid eddies, as it were, in a funnel, with a prolonged resonant gurgle; or the direction of the swallow may be diverted, as in one case under my notice, where the œsophagus was perforated, and the matters escaped into the pleural cavity. Hamburger had more than one case of the kind; and he prepared me to recognize this condition, which was quite easy when one was thus forewarned. The small quantity of diverted fluid passed through the chink in the œsophagus with a kind of sizzing murmur.

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### On "Unconscious Cerebration."

Dr. Carpenter's theory of unconscious cerebration has been ably attacked by Dr. William W. Ireland, in the *Journal of Mental Science.* He observes, in closing:—

The recovery of lost names can be explained to a certain extent by the mental process of association, but not by "the integrating and disintegrating mental processes." It may be that a schoolboy who can say his lesson more readily in the morning than on the evening before, is aided by the fresher state of his brain; but we do not see that "the fact," upon which Dr. Carpenter is asked to ponder well, has been established on scientific evidence. How do we know, for example, that "the disintegrating process" never takes place without a display of consciousness? Is there never any disintegration of the tissues of the brain without consciousness? Or may not consciousness accompany the integration of the tissues? We can infer, from certain changes and reactions in the blood, that mental exertion is followed by waste of the tissues of the brain, and that this waste is proportioned to the amount of work, but what are the order and succession of changes which go on in the nerve cells, or nerve fibres, during thought is, as yet, unknown to us. When we can detect a desire with a chemical re-agent, and when we can see an abstract idea through the microscope, we shall, perhaps, have a true physiology of the mind.

In any case the theory of "Unconscious Cerebration" derives no support from physiology. It is a child of the old metaphysics, to be brought forward and repelled by the study and analysis of mental operations, cognizable by internal self-examination.

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### Evils From the Use of Wheaten Flour.

In the *Transactions* of the New Hampshire Medical Society, Dr. Ephraim Cutter, of Cambridge, Mass., brings a heavy indictment against flour as food. His article aims to answer in the affirmative all the following questions:—

1. May it not be possible that the use of flour is a cause of the prevalence of diseases of the nervous system?

2. May it not be possible that the use of flour is a cause of the present lamentable and astounding prevalence of late erupting and decayed teeth?

3. May it not be possible that the use of flour is one cause of the present prevalence of weak and diseased eyes?

4. May it not be possible that the use of flour is one cause of the prevalence of baldness and premature gray hair?

5. May it not be possible, that the so-called change in the type of disease may, in some measure, be due to the use of flour, so universal for the past forty years?

6. May it not be possible that the use of flour is one cause of the prevalence of some of our chronic diseases, as catarrh and consumption?

7. May it not be possible that the use of flour is one cause of the numerical decline in our native population in New England?

He concludes, that the universal and exclusive use of flour, as found at the present time among the nations of Christendom (as Liebig suggests), results in disaster to the human race, in these particulars.

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### How to Strap the Breast.

Strapping the mammary gland is of avail to prevent and arrest lactation. But, remarks Dr. W. W. Munson, in the New York *Medical Journal*, strapping will be of no use unless it is well done. Let the first strip be put on so as to hold the breast well up by itself alone, whichever direction it is made to take. I usually commence by placing a strip laterally beneath the breast, about half-way between the nipple and lower margin, draw the gland well up, and attach one end high up on the sternum and the other end high up under the arm. The next strip is placed at right angles to the first, close to the nipple. Apply to breast first, draw it well up and fasten upper end, letting it pass over the shoulder, then draw down lower end firmly and fasten it. Don't skip the nipple or cover it, but cut holes through the strips that pass over it, and let it project through. This is to allow the milk which may ooze out for the first few hours to escape, without burrowing beneath the plaster, pushing it off, and making a hot, disagreeable, irritating poultice. Several thickness of soft cloth should be placed over the nipple (when pervious), to absorb the milk that escapes. This should be renewed as often as it becomes saturated.

A timely application of this plan of strapping I have found almost sure to arrest commencing mammary abscess.

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### Peroxide of Hydrogen as a Deodorizer.

In a recent lecture on Deodorizers and Disinfectants, by Dr. John Day, the speaker said that the great value of peroxide of hydrogen as a deodorizer was only just beginning to be understood. Professor Roscoe had stated, as recently as 1871, that hydrogen dioxide, or peroxide, "does not occur in nature." Dr.

Day claimed, however, to have discovered its presence, spontaneously generated, in a vast number of substances which are in almost daily use, such as all fats and fatty or expressed oils; nearly all perfumes; most, if not all, essential oils; kerosene, gasoline, and benzine; and deal and pine woods. In many respects, gasoline is the best disinfectant with which he is acquainted. In addition to being highly volatile, it possessed the property of either generating peroxide of hydrogen, or of origin ally forming it, and storing it up until brought into contact with any of those oxidizable substances for which it has an affinity. One of these two actions, he could not say which, took place long after all presence of the gasoline itself had passed away. When unglazed paper, or any porous substance, is brushed over with gasoline, it will at once give the reaction of peroxide of hydrogen, and continue to do so for a year or more. It is thus persistent in its action, which gives it an immense value over other disinfectants. He recommends that books, newspapers, etc., which have been used by fever patients, or kept in their apartments, be disinfected by brushing them over with gasoline. The most delicate wall-paper may be brushed over with it without injury, as may articles of wearing apparel. The hands may be disinfected by brushing them over with gasoline and allowing them to dry in the air. There is one drawback to its use—viz., its inflammability. Nevertheless, gasoline appears to be worthy of more attention as a disinfectant than it has hitherto received.

### The Bromhydrate of Quinine.

In the *Journal de Thérapeutique*, Prof. Gubler states the following conclusions:—1. The bromhydrate corresponding to the sulphate of the same base is more soluble and more rich in alkaloid than the latter. 2. It possesses the physiological properties of the salts of quinine in general, and probably, also, the therapeutical virtues of its officinal congener. 3. Still, the action of the bromhydrate seems to differ from that of the sulphate of quinine, not only by the moderation of the symptoms of quinic intoxication (*ivresse*), but also by a marked tendency towards nervous sedation and hypnotism. 4. The qualities it thus possesses especially indicate its use in the treatment of the congestive and febrile affections of the nervous system—neuralgia neuritis, irritative neuroses, encephalic hyperæmia, etc., in combating which it has already furnished me with excellent results. 5. The bromide has manifested remarkable power in a case of incoercible vomiting, and has frequently been of service in cases ordinarily amenable to the sulphate, as in visceral or articular fluxions, whether diathesic or not, rheumatismal or gouty, and in symptomatic fevers, *à frigore*, etc. 6. This new medicine has been given in quantities of from six to fifteen grains per diem, in doses of three grains, administered sometimes in the form of pill, and at others of hypodermic injection. 7. Injected into the cellular tissue it has always proved absolutely inoffensive. In no case has the hypodermic injection of three grains of the bromhydrate (equivalent to about four and a half of the sulphate) been followed by the slightest inflammatory accident, neither redness nor tumefaction being visible next day around the seat of puncture. 8. This complete innocuity, joined to its greater solubility, constitute an incontestable superiority of this new combination of quinine, and recommend it wherever there is indication or necessity of administering quinine hypodermically.

### Epidemic Puerperal Fever.

The New York *Medical Journal* says, that at a late society meeting Dr. W. T. Lusk read a history of the last epidemic of puerperal fever which took place within the walls of Bellevue Hospital. A special point of interest connected with the epidemic was the fact that, as it progressed, it was characterized by a diphtheritic membrane, occurring on the genitalia of patients who had received laceration of the perineum or the fourchette. While this was occurring at Bellevue, an epidemic presenting similar features occurred at the Philadelphia Hospital, and since that time there had been observed at Strasburg cases of puerperal fever complicated with this element of diphtheria. The diphtheritic deposit had been closely examined by Dr. Steurer, of this city, and Prof. Recklinghausen, of Strasburg, and the conclusions arrived at were that it was truly diphtheritic; micrococci were found beneath the deposit and scattered throughout the tissues of the uterus, whence they were taken up by the sinuses and conveyed into the circulation. They occur in colonies, and have been found in the blood-vessels of the kidney. Dr. Lusk said that he obtained decided benefit by applying Churchill's tincture of iodine to the membrane. During June, 1874, the obstetrical service which had proved so unfortunate was transferred to Charity Hospital at Blackwell's Island, and three months after the infected wards had been emptied they were occupied by the surgical service of Dr. James R. Wood, and during the past year many cases of capital operations have been cared for in them, and in no instances has there been septicæmia or pyæmia.

### Urethral Neuropathy.

Under this designation, says the London *Medical Times*, Dr. Bron describes one of the occasional consequences of gonorrhœa. As a general rule, he observes, after the discharge has ceased, the patient regards himself as cured, but this is not always the case. There may subsist or supervene a considerable amount of *malaise*, the patient complaining of lumbar lassitude, and a sense of heaviness in the hypogastric region. The urethra becomes the seat of various painful sensations, difficult of descrip-

tion. Sometimes they simulate the symptoms of stone or stricture, but are not of any fixed character, coming on and disappearing at intervals not to be foreseen, and resisting all remedies. The rectum may also be painfully affected, although no disease can be detected, and there is a sense of plenitude of the pelvis in general. These various symptoms, which are often conjoined with great disturbance of the digestive organs, are not all observed in the same individual, but are met with in different degrees in various patients—sometimes being only very transitory, but at others absolutely fixed, and the occasion of great physical and moral suffering.

The direct cause of this suffering is not always easily detected, for there may not be a single sign of the preceding blenorrhagia present, and it is chiefly the patient himself who insists upon this being the origin of what he suffers, and often regards it as a proof that his malady has been imperfectly cured. M. Bron considers the seat of this suffering to be those portions of the urethra which are narrower than the rest. By passing a small bougie gently, every other day, the urethra is modified.

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### Jaundice with Hematuria.

Dr. A. Atkinson, of Baltimore, sends the subjoined interesting case to the West Virginia *Medical Student*:—

The patient, a white woman, aged twenty-five years; skin deep yellow; vomiting large quantity of bile. Had chill every other day for two weeks; now, the chill comes on every day. Her physicians had given her barberry tea and comp. cath. pills, one to be taken three times a day. She suffers from headache; the skin is hot and dry; urine abundant and full of blood; bowels costive; tenderness on pressure over stomach, liver and kidneys; constant nausea; and pulse feeble.

Gave her at once six grains quinine, four grains oxalate cerium, and two grains capsicum, in capsule, expecting the chill to return at one o'clock in the night. Left her twenty grains quinine, ten grains cerium, and ten grains capsicum, to be taken in five capsules, one every hour for three doses; after that, one every three hours. Applied a cantharides plaster, six by eight inches, over the liver, leaving twelve grains quinine and one-half grain morphia to dress blister when fully drawn. Saw her next day at 6 A.M., December 2d, 1872 better, but very nervous. Nausea and vomiting entirely relieved; no headache; bowels opened; suffers no pain in the limbs or loins; skin moist. Gave calomel ten grains, soda bicarb. fifteen grains at one dose; and directed a warm water enema with two ounces castor oil and one-half ounce turpentine, continuing the quinine in doses of two grains in capsules, every four hours. In the next six hours bowels were freely emptied of dark tarry matters.

The patient was subsequently built up with milk punch and oyster soup, with five grains cit. ferri. et quinia, taken three times a day in infusion of quassia.

This woman was seized with the same trouble one year later, and came near dying. Here was a case of the deepest yellow skin. Dr. Graves thinks the deeper the hue, the better the chance for a cure; his idea being that the slow cases suggest scirrhosed liver. Hematuria is often epidemic among children in the Isle of France. The above described case occurred in the tide-water region of Virginia.

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### Treatment of Insanity.

In a recent work, Dr. Despine, of Paris, discusses the theory of emotion, and the emotional treatment of insanity. He believes that the disturbing action, either for good or evil, may be attributed to an isometric change in the histologic elements of the brain, determined by a disturbance of the nerve elements which preside over the nutrition of this organ, or to a change in the capillary circulation by an action of the vaso-motor nerves, influenced by causes which have impressed the nervous system. This theory is sufficient to explain all the attacks or cures of insanity from such curious effects as typhoid fever, scarlatina, pneumonia, injuries, loud noises, etc.

*Opium and Morphia* excite the nervous centres of the vaso-motor nerves, they give tenacity to the muscles of the small vessels, favoring their contraction and consequently increasing the capillary circulation.

The state of *somnambulism* artificially produced is one of the most powerful sedatives; it suspends cerebral activity, and is of remarkable efficacy in the treatment of obstinate hysteria.

*Camphor* is valuable in disturbance of the genital organs, especially onanism.

*Quinine* is recommended when the insanity has a periodic character, or when it shows itself in marshy districts, or when it is a sequel of dangerous and obstinate remittent fever.

*Digitalis* in twenty minim doses calms the maniacal excitement of epilepsy.

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### Tincture of Iron in Rheumatism.

Dr. J. Russell Reynolds, Professor of Medicine in University College, London, urges this treatment. He says, in a recent lecture, I wish to lay before you some further results of that mode of dealing with the disease in question. You will allow me to remind you that the possibility of relieving acute rheumatism by the tincture of perchloride of iron was suggested to my mind by observing the rapid arrest of certain other "spreading" inflammations, such as erysipelas, diphtheroid and hepatic sore-throats, by the administration of this drug; and that I stated at the time, and wish now to repeat the statement, that, in my judgment, the cases that I could then bring before you, and

those which I can now submit to your consideration, are not sufficiently numerous to establish a therapeutic position; but that they are, so far as I can see, sufficiently significant to warrant a further trial of a mode of treatment which is certainly better than that which Warren said was all that he knew of that was good for rheumatism, viz., six weeks.

In the front of this paper I wish to state, that very many cases that have been under my care, both in hospital and in private practice, but of which I have no sufficient notes, have left upon my mind the strong conviction that those which I am able to bring before you underrate, rather than overrate, the value of the mode of treatment that I have suggested. This, I am convinced, is the case, especially with regard to the time of the relief afforded to spontaneous pain.

The treatment has been generally the administration of the tincture of perchloride of iron, in doses varying from fifteen minims to a drachm, every four hours, with or without twenty to thirty minims of glycerine and spirits of chloroform. No patient has complained of any discomfort of any kind, which could be referred to the medicine.

He continued, quoting a number of cases, illustrative of the benefits of this treatment.

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### Needles in the Tissues.

Dr. John Frissell observes, in the *Transactions* of the Medical Society of West Virginia:—

It would be a curious study, and one not without interest, to investigate the means and modes by which needles find their way into the remarkable places they are sometimes met with. I have been called upon to remove them from the back of the neck, from the shoulder, arm, elbow, wrist, abdomen, hip, knee, etc. They seem to choose strange paths to escape from the body, the law of their movements being (with their points in advance) invariably to the surface, or perhaps also to the cavities having an external outlet. I do not speak of such as have been accidentally thrust into the skin and flesh, as in washing, and in numberless other ways, which is an every day occurrence, but of those cases in which the patients are unable to account for their appearance, and are wholly ignorant of the manner in which they had been introduced into the body.

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### Palliative Treatment of Ulcers.

Dr. W. Rendle writes to the editor of the *Lancet*:—

Will you kindly publish the following case, not of curative, but of quite successful palliative treatment of a large, open, offensive cancer.

Pain and the exceeding fetor make the last months of patients who cannot recover most miserable. The lotions, etc., usually employed prove troublesome, and of very incomplete effect. It may be that this very simple method is known and practiced; but as yet I have not met with any sufficient record of such a case. It has not been suggested by any consulting man my patient has seen; she, herself, and her friends, feeling so marked and so happy a change deserves to be made known to all. The open sore, some nine inches in diameter, is well but most gently washed by a tepid stream of Condy's fluid and water, using syphon and jug. Then it is moistened all over with four or five drachms of a carefully filtered solution of two to three and a half grains of acetate of morphia in fine spray, so used that none leaks off. It is then covered, nothing intervening, with very finely sifted, perfectly dry animal charcoal, the sore being completely covered and concealed. This is done with a pepper or flour dredge or an India-rubber bottle. Over this is placed the very softest light covering, and the patient is clothed so as to be with her friends. Before this was done the smell was very offensive and sickening, not only throughout the room, but in the near passages. Now it can scarcely be perceived at three or four inches from the breast. The use of morphia, etc., internally, was more distressing than the pain. Now the pain is infrequent and comparatively very bearable; the morphia being used in no other way than by spray.

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### Injection of Iodine in Tumors.

Mr. S. Messenger Bradley says, in a communication in the *Lancet*:—

The first case in which I injected iodine into a tumor did not appear very promising, though it proved perfectly successful. It was an encapsulated tumor, about the size of a large walnut, situated beneath the lower jaw, which I should have removed with a scalpel, had I not once had some unpleasant hemorrhage in a precisely similar case; and as the patient in the present instance lived at some distance, I resolved to try to procure absorption before resorting to extirpation. The tumor almost disappeared with the first injection, and after one more it could not be at all detected. I was pleased with the result, because it appeared to me to be so desirable to adopt such a plan at one's consulting-rooms, and in the out-patient room of the hospital, instead of using the knife, which is always more or less terrible to the patient, and which is sometimes, in the most careful hands, followed by unfortunate results. Since the case I mentioned, I have been in almost the daily habit of employing iodine in this manner, and I think I may venture to affirm that, by properly selecting cases, a successful result may be assured, while there is no doubt that an indiscriminate use of the remedy will be productive of disappointment. The best cases are those where a single cervical gland is hypertrophied in an otherwise healthy (adult) subject. Five or six injections of the simple tincture of iodine (five to ten minims at a time, according to the size of the tumor), at intervals

of about four days, generally effect a cure. The earlier stages of strumous hypertrophies, are also very successfully treated by this method, as are the small hard multiple lymphomata: but in the later stage of strumous disease of the cervical glands, where the tumor is broken down into a mass of caseous matter, and the neighboring skin is blue and undermined, no good results follow from the injection of iodine; and, indeed, these cases are best treated by a careful excision of the disorganized and degenerated glands.

# Reviews and Book Notices.

## BOOK NOTICES.

**Annual Report of the Board of Regents of the** Smithsonian Institution, for the year 1874. Washington, 1875.

This Report, of general interest to physicians, on account of the meteorological observations and discussions it contains, has special claim on their attention, through the articles of Professor Arthur Morin, on Warming and Ventilation. The construction of infant asylums, schools, workshops, hospitals, churches, and dwelling houses, is explained in reference to the plans best adapted to render them at once comfortable and healthful.

Among the ethnological articles, are an examination of some skeletons found near Albany, Illinois, by Dr. R. J. Farquharton, of Davenport, Iowa; and a report of a discovery on Rock Island, of a skeleton in a bed of *unios* and *helicés*, which would appear to have been a deposit in very remote ages. The layers of these shells above the bones, are asserted to have been by sedimentary deposit. Allowing that this is the case, we feel quite sure, from repeated examination of such shell-beds on the Tennessee, St. John and other rivers, that it does not authorize the assumption of any excessive antiquity. Such beds were formed late in the present geological epoch.

**A Manual of Minor Surgery and Bandaging. By** Christopher Heath, F. R. C. S., Professor of Clinical Surgery in University College Hospital, London. Fifth edition. Lindsay & Blakiston, 1875. 8vo, pp. 308.

The popularity which this hand-book has achieved is abundant evidence that it has been found to be one of the best in the market. Brief, clearly written, cleanly printed, well-illustrated, it gives the most in the least space. The introduction, on the duties and fees of house-surgeons, is of not much use to American readers, and might have been revised to advantage for our longitudes. The articles on anæsthetics, also, are more consonant with English prejudice than American experience. The author, however, in details of surgical manœuvre, has a quick appreciation of what is handy and what is awkward, and a natural preference for the former. His recommendations, therefore, on such details as it is eminently necessary for the dresser to know, are practical and to the point.

**The Causes and Treatment of Imperfect Digestion.** By Arthur Leared, M.D., Oxon. and Dub., M.R.I.A. Fellow of the Royal College of Physicians, London; Senior Physician to the Great Northern Hospital, etc. Sixth edition, revised and enlarged. 8vo, pp. 288. H. A. Churchill, New Burlington street, London, 1875.

In the year 1860 we received from the author a copy of the first edition of this work, and published a notice of it in this journal. Seven thousand copies of the book have been printed, and it is one of the few that has been fortunate enough to meet with the approval of the medical world; and if the number of copies sold is an evidence of its value, it has certainly received a substantial proof.

Its author was the successor to the late Sir John Forbes, and he resides in the Professor's old house, and enjoys the reward of an extended hospital experience, close study, and careful application in his youth, in a select and lucrative practice.

In this edition he still holds to the statement made in the advertisement to the first edition, "That it was intended as a condensed account of individual experience." With this idea in view, he has added, from time to time, original observations and experiments, as to the cause of Heartburn, Flatulence, etc., and their successful treatment by a novel use of charcoal; and gives, also, a table showing the degree of the absorption of carbonic acid, by twenty grains of different kinds of vegetable charcoal. The author also adds many useful formulæ, and gives minute directions concerning the causes, symptoms, and treatment, of the various forms of dyspepsia.

THE

# Medical & Surgical Reporter,

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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## THE CONTROL OF PROSTITUTION AGAIN.

The discussion of the measures for the limitation of syphilis, by the medical inspection of prostitutes and the licensing and police supervision of houses of ill fame, was discussed with much animation, at the International Medical Congress at Brussels. The opinions advocated, editorially, in the Reporter, on these topics, are familiar to our readers. The medical societies of this country are criminally negligent for their avoidance of this question. Their silence is owing largely, either to cowardice or ignorance. Individuals are afraid to advocate such measures for fear it will hurt their reputation in their communities.

There is, now, not a single leading medical journal in Great Britain which does not approve and advocate the "contagious diseases acts." The request is even made in the *Lancet*, and other quarters, that their sway be extended outside of garrison towns, to cover the metropolis. In one of its later issues, that journal says, with great force:—

"In the face of the evils which confront us in daily life, and in opposition to the logic of facts, it certainly seems strange, that attempts to limit the spread of one of the direst maladies in the world, in a reasonable and common sense way—in the only way, be it understood, that any attempt can be made from its physical side—should have excited so much opposition. It is to be accounted for, however, by remembering the sources from which such opposition has sprung. It has not sprung up in districts where the Acts have been in force, and among people acquainted with the facts, and who have had experience of the beneficial working of these Acts, but in towns and places where the inhabitants have not been able to see for themselves the favorable contrast which a town presents in this respect after such legislation has been extended to it, to what it did before."

The opposition here, as in England, comes first from a few prejudiced medical men, who don't mean to be convinced of what convinces everybody who is not hopelessly biased; secondly, from sentimental women, who cry out against the degradation of their sex, and cannot see that in this instance their efforts are singularly misplaced; and last, but not least, from the clergy.

The latter were active in St. Louis, in obtaining the repeal of laws which the medical officers, the police, and the Mayor, all agreed were most salutary. The opposition of the clerical party to this sanitary scheme is on a par with that of the Swiss clergy, a few years ago, to the insurance of crops, because their parishioners thus dodged the "visitations of God," in the shape of hail-storms; or that of a pious magistrate in England, lately, who objected to cleaning a dirty hamlet, suffering from zymotic disease, because sickness was a chastisement of Providence for our sins, and should not be interfered with!

No one stands ahead of us in respect for true religion. But such stupid bigotry, such injurious pharisaism as this is a caricature and parody of religion.

The laws hitherto passed to control, to heal, and if by any means possible, to save and redeem these miserable creatures, are indeed inadequate. That we all know. But because they are so, to fold our hands and let this monstrous fungus grow, rank and rotten, in the night and dirt of our cities, is most unwise, unkind, wicked. Spreading upward from this vile soil, syphilis and its sequelæ will wreak a terrible retribution on our chaste daughters, on our sturdy sons, and on their progeny, to the third and fourth generation.

This is no word-picture. It is no exaggeration to say that the full pathological consequences of syphilis, formidable as we now know them to be, are far from completely unfolded.

That only through supervision of prostitutes the scourge can be lessened, is obvious. As a writer in the British *Medical Journal* well says:

"So long as they are physically capable of pursuing their vocation as their adopted means of livelihood, they are often compelled to be regardless of the existence of disease which is contagious, and so is multiplied, *ad infinitum*, the terrible scourge with which our profession is unhappily too familiar. The beneficent Act, passed a few years ago, by a wise and humane legislature, is now sought to be repealed on moral pretexts. The outcast wanderer is encouraged to defy the law to protect the liberty of her poor diseased body, and to reject the means of relief and cure, and a way opened to her of escape from her degraded and pitiable life. Certain members of the legislature have leagued themselves against the Act; and one distinguished member of the late administration has pledged his future life to its repeal. Even among our own profession there are some who are not satisfied with the Act. If the system of certificate be an inducement to immoral indulgence, surely this can be amended; and opponents are bound, in humanity, to provide a satisfactory substitute before they inflict on the nation so terrible a calamity as the loss of the present Act."

Most earnestly we hope that no repeal will take place. And once more we put it to the profession of the United States: Shall not the State Societies, the American Medical Association, and all similar bodies, earnestly go to work to devise an Act, carefully framed, to avoid inducements to indulgence (if any may exist under it) and recommend its adoption to all State legislatures?

## Notes and Comments.

### The Salicylate of Soda.

A solution of this salt taken internally, according to Dr. Moeli, is an efficient febrifuge. From four to five grammes of the salt is the usual quantity given, every other evening, in cases where the larger doses of the sulphate of quinine (1.5 to 2.0 grammes) would be required. Several cases of typhoid fever (altogether seven), in which the drug was used without the cold bath or any other remedy, showed after each dose a constant decrease of temperature (from 2° to 3° C.), lasting over twenty-four hours, combined with a diminished frequency of pulse. An increase in the quantity of urine was not observed in the twenty-four cases of miscellaneous febrile diseases in which the salt had been administered. In half the number a profuse perspiration accompanied the fall of temperature, and has been recorded by Buss, after the use of salicylic acid. In some cases, however, the salt effected a decrease of body-heat from 40.4° to 37.0° C. without any sweating at all. In four cases sickness and vomiting compelled him to use the salt solution as an enema, after which a distinct fall of temperature followed, though of less importance than after an application by mouth. Subcutaneous injections must be made with a neutral solution of the salt, to avoid severe pain, which follows after injection of the acid.

### Habits of Negroes.

Dr. Bakewell, in a late work on the West Indies, observes that it is a curious fact that negroes, partly owing to their extreme susceptibility to cold, and partly to their superstitious terrors of darkness, cannot sleep alone in a room, and prefer sleeping huddled up together on the floor. A negro's house, of the better class, in the West Indies, always contains a large four-post mahogany bedstead, which is never occupied save in sickness—the floor being preferred. Very often in towns, where rent is high, the floors are covered with mattresses,

and in a small room six, eight, or ten people sleep together. Not satisfied with packing themselves in this way, they close every cranny and nook by which air can enter, and wrap themselves entirely round with a sheet, head included. They look like corpses ready for burial. Any more ghastly spectacle than a hospital for negroes, at night-time, cannot be conceived. They all lie on their backs, stretched out at full length, and enveloped in their sheets, like winding-sheets. Such habits largely increase their mortality.

### Convenient Method of Examining the Brain in Infants.

Dr. R. G. Curtin described, at the Philadelphia Obstetrical Society, a convenient method of making a post-mortem examination of the brain, only applicable, however, to cases of infants. The scalp is divided in the usual manner, and instead of taking off the calvarium he divides the sagittal, fronto-parietal and lambdoidal sutures, and in this manner is able to separate the parietal and occipital bones sufficiently to allow the brain to be removed. When the brain is replaced the bones spring back to their usual position. The benefit of this method is its convenience, and the absence of disfigurement of the head by the mobility of the separated calvarium.

### Therapeutic Uses of Laburnum.

Dr. H. J. Hardwicke remarks, in the British *Medical Journal*, that the therapeutic effects of laburnum are a feeling of drowsiness, followed by deep sleep and profuse perspiration, which are succeeded, on waking, by great thirst and loss of appetite. There is no nausea or vomiting, and the bowels seem to be unaffected by it. Pain is quickly relieved on its administration. In large doses the sleepiness is more intense, and it is difficult to keep the patient awake; and in very large doses coma and death are the result. The action of this drug somewhat resembles opium, except that the drowsiness is not preceded by excitement. The pupils, as a rule, are irregularly dilated, and the arms and legs are kept in a continual state of convulsive motion. The medicinal properties of this plant depend upon a poisonous substance called cytisine, which can be obtained from the root or seeds. There is no reason why a decoction of laburnum root should not be used regularly as a remedy in many painful disorders; and probably before long we shall see this plant ranking amongst our most valuable narcotic remedies.

### The Detection of Arsenic.

Often when chemical analysis has succeeded in detecting the existence of arsenic in the tissues, it has failed to determine the exact quantity. M. Armand Gautier, director of the chemical laboratory, at the School of Medicine, Paris, has undertaken the task, and he believes he has succeeded in meeting the desideratum. His method consists in totally destroying the animal tissues, so as to isolate the arsenic. This is done with pure nitric acid, followed by the addition of sulphuric acid, and then the destruction is completed by again having recourse to nitric acid. To the liquid thus obtained, a few drops of the bisulphite of soda are added, and the sulphuret of arsenic is then precipitated in the ordinary way by sulphuretted hydrogen. M. Gautier has, in this way, completely isolated the entire quantity of arsenic he had himself introduced into the bodies of different animals. In the course of his experiments, M. Gautier made one very important discovery, viz., that the arsenic is first localized in the nervous system, and then passes on to the liver and the muscles.

### Death from Opium Smoking.

At a meeting of the Medical Society of the District of Columbia, Dr. Zevely stated that he had seen a great deal of opium smoking in China. The cause of death in these cases was paralysis of the heart. In old cases we had great tremor, emaciation, anæmia, constipation, and white feces. In the fatal cases which he had seen, there was, twenty-fours before death, a quick, weak pulse, like that of low typhoid; after death the blood was found watery, without coagulum, and more or less congestion in the brain. The effect of opium was to weaken the heart and destroy the appetite. Some of the cases would go for days without their ration of rice or fish.

### Chloral in Anal Fissure.

In the *Bull. de Therapeutique*, Dr. Creguy speaking of the value of chloral (diluted to a twentieth) as an application to all kinds of wounds, adds that he has found it also of the greatest utility in two cases of fissure of the anus. The patient having had a stool a few

hours before, either spontaneously or by aid of an enema, he introduces between the lips of the fissure a small tent of charpie, consisting of about twenty fibres, and first soaked in a solution of chloral diluted to a fiftieth. This is left in until discharged during defecation next day. The first and second dressings are very painful, but afterwards they become less and less so, so that in a fortnight all pain has disappeared, and the fistula has cicatrized.

### Borate of Soda Gargles.

A pharmacist of Lyons remarks that in gargles, borate of soda is generally combined with honey, or honey of roses, or even with syrup of mulberries; that is to say, with products which dissolve a very small quantity of this salt. It would, therefore, be more advantageous to compound these measures with equal parts of glycerine and borate of soda. A definite and considerably more active solution is thus obtained; for glycerine mixes well with honey, as well as with syrups.

### Syphilitic Leukhemia.

An important observation has been made by Dr. Ordenstein, of Paris. He succeeded in curing a case of leukocythemia by the Liquor van Swieten, and led by this to a study of the causes of the disease, is convinced that one, if not the sole one, is hereditary syphilis. Its therapeusis is, therefore, anti-syphilitic.

### Quinine Gargle in Sore Throat.

Dr. George Johnson gives the formula below as of excellent effect in sore throat, even severe diphtheritic cases:—

| | | |
|---|---|---|
| ℞. | Quiniæ sulphatis, | gr.xviij |
| | Acidi sulphurici diluti., | ♏xlij |
| | Aquæ, ad., | f.℥vj. M. |

He adds, I have found the quinine solution useful as a wash, in aphthæ, stomatitis, and other affections of the mouth; but my experience of it in these cases has been limited by the difficulty attending its use in childhood, owing to its very bitter taste.

### Spare the Ivy.

The *Sanitarian* says, the English ivy, growing over the walls of a building, instead of promoting dampness, as many persons would suppose, is said to be a remedy for it; and it is mentioned as a fact, that in a room where damp had prevailed for a length of time, the affected parts inside had become dry when ivy had grown up to cover the opposite exterior side. The close, overhanging pendant leaves prevent the rain or moisture from penetrating the wall. Beauty and utility, in this case, go hand in hand.

## Correspondence.

### Intussusception.

Ed. Med. and Surg. Reporter:—

Believing a brief report of a case of intussusception of the bowels, of twenty-two days' duration, and terminating in recovery, would not prove uninteresting to the readers of your valuable journal, I will submit the following:—

Willie W., aged six years, was taken ill February 5th, with pain in the region of the umbilicus, followed by vomiting, which condition continued up to the time I saw him, the 7th. Bowels distended, pulse 120, temperature 99. Gave cathartic and ordered injections of equal parts of warm water and milk, to be repeated every three hours until the bowels moved. Fomentations to the abdomen, and anodynes to relieve pain. This plan of treatment not proving successful, we now came to the conclusion that we had a case of intussusception. Continued the injections, with the hips elevated and the patient on his knees, and at times attempting to relieve the trouble by kneading the bowels.

On the fourth day stercoraceous vomiting came on, which continued to occur once or twice in twenty four hours, during the remainder of his illness.

On the fifteenth day we concluded to abandon all treatment except the opium, and await the result, when on the twenty-second day violent stercoraceous vomiting came on, the bowels moving at the same time. From this time on our little patient made a rapid recovery.

A. E. Westbrook, M. D.

*Ashley, Ohio, Nov. 26th*, 1875.

### Tapping—Strapping.

Ed. Med. and Surg. Reporter:—

I noticed an article some time since, in the Reporter, in reference to tapping and strapping in hydrocele. In August, 1857, I sent an article to Dr. Butler, upon the same subject, having at that time tapped fourteen cases of hydrocele scroti, and in thirteen I had employed the adhesive straps to thoroughly compress the sac, with a view to the better establishing adhesions. He did not publish my statement, as I suppose he did not deem it of sufficient importance, judging from an extract of a copy of a letter which he wrote in acknowledgment of

the article and letter sent him:—"I did not publish your views in reference to strapping in hydrocele, as I do not see what benefit is to be gained, etc." Nearly twenty years have elapsed since then, and now another physician, or rather I should have said surgeon, has seen the necessity, or the benefit, to be gained by firmly applying adhesive straps after evacuating the sac.

My object in writing this is to bring out another modus operandi, which of late I employ, the better to bring about a permanent cure, as in some cases the strapping in my hands has not always been effectual; yet, of late, I have not had any trouble. The first thing after the tapping is to inject (which I have done in all cases), formerly with iodine or wine, but of late with—

℞. Liq. ferri subsulph., f.℥ij
Glycerine,
Aqua destillat, āā f.℥iij. M.

Now for the strapping. Take tea lead (it comes from the inside of the tea chest); make an artificial scrotum, apply it over the natural one, and then thoroughly compress with the adhesive plaster, and there will be no more filling of the sac, or any danger in the least, if the lead is properly applied; it also equalizes the compression, making it uniform, etc. Lastly, I use the suspensory bandage to support the scrotum. I make them wear the lead from three to six weeks, as I deem necessary. Twenty years ago I prided myself upon the suggestion of strapping, but I was predestinated to have the honor taken from me.

Philip A. Bissell, M. D.
*Mahanoy City, Pa., Nov. 15th*, 1875.

### Antiseptic Surgery.

Ed. Med. and Surg. Reporter:—

In the editorial of your last issue is the statement that "Professor Lister has, for ten years past, made a most energetic effort to convince the profession that, by *protecting a wound from the air* and using antiseptics locally, it will heal much more kindly and promptly."

A part of this assertion is directly contrary to Professor Lister's teaching and practice. His general plan of dressing allows more atmospheric contact than any of the ordinary methods of covering wounds. He considers atmospheric air innocuous to wounds when deprived of its germs which produce putrefaction; and the antiseptic gauze used by him allows very free permeation of air.

I often notice other perversions of Professor Lister's views, such as, that antiseptics will always prevent suppuration; whilst all that he really claims for antiseptics is, that they can avoid but one cause of inflammation and suppuration, and that is *putrefaction*. He admits the well known fact that antiseptics may themselves cause suppuration when used in sufficient strength to destroy putrefaction germs; and one of the essentials of his antiseptic practice is the avoidance, when possible, of contact of denuded surfaces with anything but an atmosphere that has been subjected to the germicide influence of carbolic acid.

Every surgeon who has had much practical experience with antiseptic surgery recognizes the fact that putrefaction is more easily prevented, than arrested after it has commenced, and that what is needed, is simple and efficient means of averting the incipiency of putridity in wounds. An impediment to the general introduction of antiseptic dressings, after the methods of Professor Lister, is the necessity of using special apparatus and appliances not readily obtainable; and until means which are simpler and more generally accessible shall be devised, the thoroughly antiseptic treatment of wounds will certainly not become universal.

*Philadelphia, Pa.* R. J. Levis, M. D.

[Of course, the expression used in the editorial had reference to air in its ordinary conditions as a bearer of septic germs. The necessity of stating this in so many words did not, and does not now, appear to us necessary. The remarks of our correspondent strike us, therefore, as *tant soit peu*, hypercritical.—Ed. Reporter].

## News and Miscellany.

### Hammock System in Cars.

Actual experiment in England has demonstrated the great advantages of the hammock system of conveying invalids by railway. The invalid suffers neither jar nor jolt. It is proposed to extend the benefits of the hammock system to the general traveling public, thus reducing the discomfort of railway travel to the minimum.

### A Physician Sued for Damages.

Frederick Storandt, the father of Charles Storandt, an infant, has brought suit in the Court of Common Pleas, New York, to recover $5000 from Edward Petzold, a physician, on the ground that the infant's life was lost through negligence and malpractice on the part of defendant. The allegations of plaintiff are that defendant said that the infant was suffering from diphtheria when it was not, and that he cauterized its throat with a piece of nitrate of silver fixed in a quill; that through his negligence the nitrate of silver slipped from the quill into the child's stomach, and caused its death; that, on the accident happening, defendant refused to use approved antidotes, such as salt or the white of an egg, but directed the giving of quantities of water to drink. The defence was a general denial of the allegations, and an averment that the child died simply from the effects of diphtheria. On the part of the plaintiff, Professors Elsberg and Jacobi,

and Dr. Leo gave testimony, the two latter to the effect that the nitrate of silver was found in the child's stomach.

### The Latest Quack Dodge.

The last and boldest of the quack dodges, is that of a fellow named Mosely, in Brooklyn. He sends a circular to physicians, recommending his golden ointment, his pills and his plasters, for use in their practice, and offering them at half-price. He adds, that they are of "more use than anything prescribed in the U. S. P." He appeals to "physicians of enterprise, with independence enough to overcome the professional prejudice against 'Quack Nostrums.'"

It is to be hoped that this energetic tradesman will not find so many fools in the profession as he bases his estimates upon. Our attention to his operations, has been called by an obliging correspondent in Iowa.

### Items.

—The chamber of Commerce have addressed a memorial to the Secretary of the Navy, in favor of a survey of the region watered by the largest branch of the river Amazon, the upper Madeira, under the direction of Mr. James Orton. The memorial sets forth that "this region has an area of 400,000 square miles, and it has been partially traversed by Mr. Orton before;" also "that there are immense supplies of timber, valuable both for construction and ornament, of drugs, especially including Peruvian bark, peculiar to that favored country.

—Dr. Henry C. Pierson, one of the newly elected Coroners of Elizabeth, had a narrow escape from suffocation last week. Being tired, he lay down on a sofa in his room at the Mansion House, Roselle, and at four o'clock was found in the hallway, gasping for breath, while a dense volume of coal gas pervaded the second floor. A defective flue pipe leading through his room from the basement, was the cause of the trouble. Medical aid was speedily at hand, and he was soon restored to consciousness, and is in a fair way of recovery.

—A sick kitchen is now open at the Protestant Episcopal City Mission Rooms, 225 south Ninth street, this city, for the reception from the charitable, and distribution among the invalid poor, by the ladies of the mission, of such articles of food as are required by the regimen of illness. Bedding and clothing are also solicited. Cases of sickness among the needy may be reported to the superintendent, Rev. Samuel Durborow.

—An article called fish-flour has been brought forward the last few years. The flour is prepared from dried fish, thoroughly desiccated, and then ground in a mill.

### QUERIES AND REPLIES.

Has diabetes mellitus been known to occur in opium-eaters? A. W. ROBINSON, M. D.

*Dr. C. F., of Me.*—Crede's method has been fully described in the REPORTER, by Prof. Wm. Goodell. See Vol. XXX, p. 514.

### MARRIAGES.

BANTA—AYER.—In Buffalo, New York, October 27th, Rollin L Banta, M. D., of Erie, and Sarah M. Ayer, of Buffalo.

BIRD—BOSTWICK.—At Cleveland, Ohio, on the 11th ultimo, by Rev. C. Cushman, D. D., assisted by the Rev. Mr. Forbush, Dr. J. F. Bird, of this city, and Mrs. Helen Barron Bostwick, of Cleveland.

CORBIT—HELLEN.—On October 19th, at Trinity Church, Washington, D. C., by the Rev. T. G. Addison, D. D., Dr. William B. Corbit and Mrs. Virginia Dove Hellen, eldest daughter of the late Dr. G. M. Dove.

DUBOIS—GREEN.—On the 28th ult., by the Rev. R. P. DuBois, Patterson DuBois and Clara, daughter of Dr. Jesse C. Green, of West Chester, Pa.

FRISHMUTH—CARSON.—On the evening of November 24th, 1875, by the Rev. William O. Johnson, D. D., Jacob Frishmuth, M. D., and Miss Victoria Carson, both of this city.

JAMES—SINN.—On Thursday, November 4th, 1875, by the Rev. Andrew Longacre, Dr. John E. James and Ella R., daughter of the late Davis N. Sinn.

LESLIE—HENRY.—On the 20th of November, 1875, at the Lutheran parsonage, at Palmyra, Pa., by the Rev. G. T. Weibel, Dr. C. H. Leslie, of Annville, Pa., and Miss E. H. Henry, of Palmyra, Pa.

NICHOLLS—KLAPP.—On the 4th of November, at St. Andrew's Church, by Rev. W. F. Paddock, D. D., and Rev. T. L. Franklin, D. D., Dr. B. Franklin Nicholls, late of Spartanburg, South Carolina, and E. Louise, daughter of Dr. Joseph Klapp, of this city.

SKILLING—WARD.—On the 16th ultimo, at St. Joseph's Church, by Rev. Father Jordan, Dr. M. J. Skilling and Miss Josephine V. Ward, all of this city.

SMITH—BUZZELL.—In St. Johnsbury, Vermont, Nov. 1st, by Rev. Edward T. Fairbanks, Moses E. Smith, M. D., of Haverhill, N. H., and Maria L. Buzzell, of St. Johnsbury.

STEEVES—RANKIN.—By Rev. N. S. Smith, on Thursday morning, October 28th, at the residence of the bride's father, Wm. Rankin, Delaware, Ohio, Dr. M. C. Steeves and Miss Sallie E. Rankin.

VANARTSDALEN—BARRETT.—On the 27th ult., in the Kensington Methodist Episcopal Church, Christopher VanArtsdalen, M. D., and Miss Georgia Barrett, all of this city.

### DEATHS.

BRUEN.—On the morning of the 29th ult., Florence I. Bruen, of Lexington, Ky., wife of Dr. Edward T. Bruen, of this city.

EGBERT.—In this city, on the evening of the 24th ult., of pneumonia, Medical Director Daniel Egbert, U. S. Navy, in the 77th year of his age.

KISSAM.—At Jamaica, Long Island, on Monday, November 15th, George C. Kissam, M. D.

KNIGHT.—On the 18th ultimo, in San Antonio, Texas, Dr. C. W. Knight, U. S. A., son of the late Isaac D. Knight.

TOMLINSON.—On the 26th ult., at Gloucester City, N. J., Lizzie Jester, only daughter of Dr. Edwin and Lizzie A. Tomlison, aged 2 years and 12 days.

THE

# MEDICAL AND SURGICAL REPORTER.

No. 980.] PHILADELPHIA, DEC. 11, 1875. [Vol. XXXIII.—No. 24

## Original Department.

### Lecture.

### ABORTION.

DELIVERED BY PROF. WM. T. LUSK,

Professor of Obstetrics and Diseases of Women and Children, at Bellevue Hospital Medical College, October 25th, 1875.

I.

Gentlemen:—We have considered the development of the ovum, from the time when it was a simple cell up to the period of the termination of pregnancy. At the conclusion of the ninth month, you remember, a fatty degeneration takes place, which causes the separation of the decidua from the interior surface of the uterus. The ovum then becomes a foreign body, which stimulates the contractions of the uterus, and the expulsion of the fœtus follows.

But we may have an expulsion of the fœtus taking place at any period prior to the conclusion of the full term of utero-gestation. If the interruption of pregnancy takes place during the first three months, we call it an abortion. From the fourth to the seventh month inclusive, that is to say, from the beginning of the formation of the placenta up to the time when the child becomes viable, we term it *immature delivery*, or, as women prefer to call it, a *miscarriage*. From that time on, up to the conclusion of pregnancy, if the pregnancy is interrupted, we say that we have a *premature delivery*.

As a preliminary to the study of the treatment of abortion, we must know the causes which give rise to the interruption of pregnancy during these early months. Our starting point is in the rule, either some disease of the ovum or some disease affecting the mother. The disease of the ovum may be due to anything which gives rise to degeneration of the chorion; but by far the majority of all the cases of disease of the chorion are primarily due to death of the fœtus. It, therefore, becomes of interest to us, to consider what are the causes which produce death of the embryo within the ovum.

Death may arise from internal disease of the fœtus. During fœtal life the child is subject to diseases of its own. A blow upon the abdomen may destroy the life of the child, or death may result from some congenital malformation. We presented a case, a few weeks since, in which the death of the child occurred from the absence of the heart. Anything that interferes with the circulation between the fœtus and the mother, will, of course, occasion death. In malformations of the cord, and in deformations of the chorion, the child is liable to die. Death may result from disease of the decidua, especially where it induces hemorrhage. The separation of the decidua from the uterus interferes with the nutritive supplies which go to the fœtus. Excessive hunger on the part of the mother may give rise to the death of the fœtus. In times of famine great numbers of women abort, though this may be consequent on the anæmia that famine produces, for anæmia will cause contractions of the uterus. We may have fœtal death from excessive anæmia of the patient, resulting from any cause, especially when of an acute character, as when due to hemorrhage. One reason for the frequency of abortion in corpulent persons, is the fact that the blood is insufficient, in quality and quantity, to supply the wants of the growing child. A fever affecting the mother may cause the death

of the ovum. A very common cause of the death of the fœtus is syphilitic disease. Tuberculosis is more rarely followed by abortion.

Supposing, now, that, from any cause, the death of the fœtus takes place. What is the result? Eventually, we have contraction of the uterus awakened, and the ovum is expelled; but these contractions do not take place at once. In the great majority of cases the fœtus dies, the death being followed, after a short period, by expulsion of the ovum. As soon as the death of the fœtus takes place, we have an obliteration of the fœtal circulation. The fœtus is connected with the chorion through the allantois, and by the vessels of the allantois with the periphery of the ovum. As soon as the fœtus dies, of course, all the circulation in the vessels which pass from the fœtus ceases, and as a consequence, atrophy takes place. We also have partial collapse of the ovum itself. The uterus then begins to contract; there is a partial degeneration of the villosities; their attachment to the mucous membrane becomes loosened; with the contractions of the uterus, they are drawn out of the mucous membrane, into which they penetrate; the decidual vessels are exposed, and rupture and hemorrhage is the result. With the successive hemorrhages, the ovum descends lower and lower, the cervix dilates, and finally expulsion of the ovum occurs. Profuse hemorrhage is commonly produced in those cases in which rupture of the membrane takes place, the fœtus is expelled, and then a portion of the membranes and the placenta are retained. Profuse hemorrhage is one of the dangers attendant on abortion.

We have noticed the causes which lead to the death of the ovum. Predisposition to abortion may arise from some condition incident to the mother, as, for instance, decidual disease. Here we have a uterus cut open, to expose the decidua. The decidua is the mucous membrane of the uterus, which has become thickened and vascular, as the result of pregnancy.

In endometritis we have an abnormal dilatation and thinning of the vessels, which produces a predisposition to rupture. When this occurs, it causes a separation of the decidua to take place, and abortion is the result.

When the decidua is abnormally thin, you may have abortion produced in the following way: at the point at which the ovum is attached to the mucous membrane of the uterus the decidua serotina is formed; and if the latter is very thin, the placenta is apt to be a very small one, insufficient for the needs of the child. If the mucous membrane is very thin, the decidua reflexa may also be thin, and sometimes it does not entirely surround the ovum. As the ovum increases in size, it being only partially surrounded by this thin membrane, its weight causes it to sink down, and as it does so, it drags upon its central attachments, which finally form a long pedicle. Then, upon any slight cause, it ruptures and is discharged. Thus there is danger to the fœtus, from the simple fact that the decidua reflexa is prematurely thin.

Decidual disease of any kind is dangerous to the fœtus. Displacements of the uterus may give rise, secondarily, to disease of the mucous membrane lining the uterus, and consequently, in cases of retroversion and prolapsus, abortion is very common. In anteversion it is rare. We may have endometritis existing with anteversion, and thus abortion may result; but endometritis is not so common in anteversion and anteflexion, as it is in retroversion and retroflexion.

In cases where the uterine walls are rigid, we are apt to have premature expulsion of the ovum. In cases where there has existed old pelvic peritonitis, or pelvic cellulitis, the uterus may be impeded in its expansion, and abortion may result. This is a very important point. It is not at all uncommon for a woman to have either pelvic peritonitis or cellulitis, and, before complete recovery takes place, to again become pregnant. We may, then, not only have abortion from the peri-uterine adhesions, but there is always danger lest the growth of the uterus reawaken peritonitis, and cause the death of the patient.

I saw a case of this kind some eight or ten months ago. A young married woman, in a neighboring town, had an abortion at about the third month. She did not recover very rapidly, and, so soon as she began to leave her bed, hemorrhage came on. As her health deteriorated rapidly, a consulting physician was called in, who recognized that a portion of the membranes and the placenta had been retained. He, therefore, dilated the cervix, and removed the offending body. But this was not done until about six weeks after the fœtus had come away. Now there are dangers incident to the late removal of retained portions of the placenta, which do not exist at an earlier period.

The removal of the placenta, in this case, was followed by a sharp attack of peritonitis. During the fever that resulted, the husband was very much alarmed, and said he would never have any more children. The wife, however, said she did not want him to say anything of the kind, as she intended to have another baby just as soon as she possibly could! Sure enough, three months after that time she again became pregnant. About the fifth month fever came on, which was at first regarded as malarial. Her condition, however, kept growing worse and worse, so that the question was finally under consideration as to whether it would not be better to bring on premature labor. To decide upon this point, I was called in consultation, to see the case. On examination, I recognized, through the abdominal wall, an enormous tumor, separate from the uterus, on the left side, resulting from peritoneal plastic exudation. The lady had become pregnant before she had quite recovered from her old peritonitis. As pregnancy went on, she developed chronic peritonitis; and the fever which had been attributed to malaria, was really due to the inflammation; and while the question of inducing premature labor was under advisement, spontaneous labor set in, at about the thirtieth week; the patient died from exhaustion a few days after. I have seen a number of similar cases; and we cannot be too careful in watching them. Such patients should not be subjected to the dangers of pregnancy too soon. After a time, all traces of these peritoneal inflammations, if subjected to proper treatment, usually disappear. They are of such common occurrence that it would be a pity were it otherwise. While any vestiges, however, remain, they are lurking sources of danger.

So far as examination of the uterus is concerned, we may have a patient whose organs are in a perfectly healthy condition, and yet abortion regularly takes place. Everything seems to be all right; there is nothing in the uterus which would explain the premature expulsion. In instances such as this, we infer in the woman a very great degree of exaggerated sensibility. With our present knowledge, this is all we are able to say.

We have seen, then, as causing a predisposition to abortion, disease of the ovum, and disease of the uterus. We have seen, too, that it is very rare for these conditions to immediately give rise to abortion of the ovum. Generally a certain length of time elapses before some immediately acting cause precipitates the event. On the part of the ovum, the only thing likely to provoke immediate abortion is the discharge of the amniotic fluid. In the vast majority of cases, the direct cause which works after the predisposing cause has existed for some time, proceeds from the mother. Thus, the walls of the uterine vessels may be thin, and anything causing sudden hyperæmia might lead to their rupture, followed by hemorrhage and abortion.

The rupture of the vessels might also arise from plethora. The growth of the fœtus makes such a drain upon the blood of the mother, that we usually find anæmia in pregnancy. Although this is the rule, we do have patients with large appetites, who are in a perfectly healthy condition, and who, in spite of the fact of the increase of growth of the fœtus, really suffer from plethora. These patients are likely to give us trouble, unless we restrict their diet.

Fever may be a direct cause of abortion, not only by causing the death of the fœtus, but by producing uterine congestion. Just before the beginning of this term, I was called to a hotel in this city, to see a lady, of whom the following history was given: She had, soon after her arrival, gone out shopping, and contracted a bad cold. The hotel doctor was sent for, and he told her she had bronchitis. She was, at the time, three months pregnant, and as it was a first child, she was very anxious that abortion should not occur. The doctor assured her that there was no danger, and covered her back with some irritating ointment, "streak of lightning," he called it, until it was one vast ulcer. Abortion, however, did occur. As the lady's health did not improve, and as the husband felt badly about the loss of the child, the hotel doctor was dismissed, and I was asked to see the case. A glance sufficed to show that the patient did not have bronchitis at all, but double pneumonia. In this case, the abortion was due to the fever of the pneumonia, and partly, perhaps, to the obstruction in the pulmonary circulation, which would have, for a secondary result, a congested condition of the vessels in the abdominal cavity. The woman died within twenty-four hours after, she being moribund at the time of my first visit.

Hyperæmia of the uterus may be produced by excessive coitus, by placing the feet in foot-baths, from reading nasty books, and from all other influences which determine the blood to

the pelvic organs. Congestion of the pelvic organs may arise from diseases of the heart, liver or lungs. Abortion may be precipitated by riding in a jolting carriage, from violent coughing, etc. Vomiting may be sufficient to produce the first hemorrhage. It is very rare, however, for these causes to operate, excepting where the predisposing causes have paved the way. You will find many women who adopt Punch's modern Ladies' motto: "Suffer *not* little children to come unto me!" and who get medical books which treat of how to prevent abortion, with the express object of doing everything that they find forbidden. Now these women will confess to you that they have run up stairs, jumped, hauled trunks, and the like, and yet abortion did not take place. In fact, many women will undergo unparalleled shocks, without interrupting pregnancy.

Thus, a woman, in Paris, fell, during one of the latter months of pregnancy, from a very high house, breaking through the glass of the conservatory below, and falling upon a table, where a number of people were dining. She was taken thence to the hospital, where she recovered from her bruises, and went on to her full time, and bore a living child.

It is well to bear in mind always the distinction between the direct and the predisposing causes of abortion. How often you will find young women, recently married, who have become pregnant for the first time—those who feel a sort of holy joy in their condition—who send for you and say: "Doctor, I do not know but that I have been very imprudent; and if I have, I never shall forgive myself; I went out yesterday, shopping, and on my return flooding came on—and, O! I fear I have lost my baby!" Now, in such a case, you can conscientiously say to the woman, that if abortion should result from so trivial a cause, she may rest satisfied that there already existed, previous to the action of the direct cause, some abnormal condition, which would probably, under any circumstances, have caused in the interruption of pregnancy.

Anæmia of the uterus, from any cause, especially from profuse hemorrhage, may give rise to contractions. It has been found by actual experiment upon animals, that tying the vessels and cutting off the circulation to the uterus, will induce labor pains. Uterine contractions may be brought on by stimulants applied directly to the uterus. Thus, I have observed these contractions brought on by prolonged vaginal examinations. According to the rule in the Paris hospitals, one pregnant woman may be examined by six students; in Vienna by twelve; in Prague by an entire class of seventy or more students. It may readily be imagined that the irritation caused by the manipulation of so many persons would be apt to awaken the contractility of the uterus.

The irritation may be applied to the internal surface of the uterus, in the case of hydroamnios, etc., in twin pregnancies, in which the rapid growth of its contents excites uterine contraction. Or, again, the stimulants may be applied to some remote organ, and reflex contractions of the uterus be produced. Women will sometimes intentionally nurse their children for eighteen months or more, even when they know they are pregnant, in the hope of aborting. Usually, however, this prolonged nursing does not give rise to abortion. Emotional excitement, such as terror, will often occasion abortion. I have already mentioned the case of a lady who was extremely pretty, and who had a great dread of being disfigured by small-pox, who, when some months advanced in pregnancy, met on the street a man whose face was covered with scabs resulting from small-pox. She became intensely alarmed, and abortion took place, in spite of everything that could be done to prevent.

Whether the abortion is due to the condition of the ovum, or to some immediate cause, we find that hemorrhage plays the most important part in its production. In the first place, we have death of the ovum. This leads to separation of the ovum from the uterus, and hemorrhage is produced. Secondly, the hemorrhage is primarily produced, and this causes the death of the ovum. Then we have the detachment of the villosities of the placenta, and hemorrhage is produced secondarily to the death of the fœtus. If you examine the ovum after abortion, you find it surrounded by coagulated fibrin, the appearance of which permits one roughly to estimate the time which has elapsed from the occurrence of hemorrhage to the discharge of the ovum. Thus, in more recent cases, the coagulum is of a darker color; whereas, if this coagulated blood has remained about the ovum for some time, it assumes a light red color, like that of the liver. The extravasation may take place around the entire periphery of the decidua vera; or the decidua vera may be broken through, so that blood

is diffused between the decidua vera and the decidua reflexa, or starting from the placenta, it may separate the decidua reflexa from the chorion itself. Then the ovum collapses. The amniotic sac is encroached upon by the coagulated blood. The fœtus is found in a macerated condition, or it may have disappeared altogether, either having been discharged or absorbed. The collapsed ovum, surrounded by its layers of coagulated blood, forms what is termed a molar pregnancy.

Now comes up the question as to the amount of hemorrhage that is requisite to produce an abortion. Here we have to be very careful about forming an opinion. In the first few weeks of pregnancy moderate hemorrhage is more likely to be followed by abortion than at a later period; but it is always best, in practice, to hope, so long as the cervix is not dilated and the ovum expelled, that the abortion may be controlled. A patient came into my hands who had previously had two abortions. While I was attending her, she became pregnant again; and soon after, perhaps after six weeks of gestation, began to lose a little blood. I kept her on her back for a month, during all of which time there continued a little oozing from the uterine cavity. There was nothing leading me to infer that abortion had taken place. I believed her to be pregnant, but I told her I could not say positively whether she was going to lose the child or not. To decide the question, I asked for an examination, which was refused; so then I promptly advised her husband to procure another physician. Accordingly, another medical man was called in, who, after hearing the history, pooh-poohed the idea of pregnancy. After three months, however, she came back to me, saying she had felt life, and that I was right. At the completion of gestation, I delivered her of a fine boy, who is now thriving and active, and who vows that when he grows up he will marry my youngest daughter.

A remarkable case is reported by Scanzoni. His friend, Prof. Renecke, asked him to see a patient in the fourth month of pregnancy, who had already borne four children. This patient had been taken with hemorrhage, which had proved difficult of control. Scanzoni was, therefore, summoned in consultation, and he decided that the fœtus must necessarily have come away, and that the proper course to pursue would be to facilitate the removal of the retained portions of the placenta. So he gave directions that ergot should be administered to the woman internally and by injection per rectum, with cold water applications to the abdomen. As this was only partially successful, he resorted to the tampon, which was kept in the vagina thirty-six hours. This checked the hemorrhage, but still the abortion was not completed. Finally, the hemorrhage returned, and was very profuse. He wanted to be sure of his diagnosis. Scanzoni, therefore, explored the cavity of the uterus with a sound. The cavity proved to be two and a half inches in depth, and somewhat increased in its transverse diameter. After the introduction of the sound, he directed the uterus to be injected with perchloride of iron diluted with water. Imagine the surprise of Scanzoni and the witnesses in the case, when, at the end of three months, fœtal movements were distinctly felt. In spite of all these manipulations, the pregnancy had not been arrested, and the woman went on to full term.

## Communications.

### SYMPATHETIC OPHTHALMIA.

BY P. D. KEYSER, M.D.,

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It has been well known for centuries that an injury of one eye is sometimes followed by a peculiar inflammation in the other, of an extremely dangerous and intractable form, known as sympathetic ophthalmia. It may appear very shortly after the injury, or may not ensue for a considerable length of time, often extending into years.

But sympathetic irritation and inflammation from other causes than injury, seems not to have been noticed by the earlier writers, until Heister, in 1742, called attention to the fact of sympathy existing between the two eyes, in a chapter in his "Chirurgie," on "Artificial Eyes," in which he says "that the wearing of an artificial eye, in some cases, creates discharges (Flüsse) (inflammation), that can easily cause the destruction of the remaining good eye," "and when this is observed, the artificial eye must not be worn." Himly, Demours, Beer, and others, have also pointed out that such a sympathy exists, and inflammation can take place, not only after an injury, but after certain forms of inflammation of the iris and ciliary body.

For a long time it was supposed that sympathetic inflammation was transmitted through the optic nerve, but later researches have found that it is entirely through the ciliary nerves, the optic nerve having nothing to do with it.

There is nothing so insidious in its attack, and destructive in its progress, as sympathetic inflammation. It requires the most careful observation, prompt attention and energetic treatment. And with all these, in very many cases, it baffles and defeats the attempts of the surgeon to relieve it, particularly if once fairly established.

Like Lawson, I think we have two distinct forms of this disease: the sympathetic irritation, and the sympathetic inflammation. The first being the slighter of the two, and can continue, with recurrent attacks from time to time, for months and years without seriously affecting the eye. It is a common expression of the patient "that the sound eye is painful and very sensitive to light when there is cold and inflammation in the lost eye, but as soon as that passes away the good eye is all right again, and this has often been so for years." During all this time no fibrinous effusion nor disorganizing changes in the tissues of the sound eye have taken place. Removal of the lost eye relieves the good one at once and permanently.

In sympathetic ophthalmia there is no doubt that the first symptoms are the same as those in the irritative form, but they are severer, and attack the deeper tissues of the eye almost at once. The vascular system becomes congested, there is a greater loss of power in the eye, and a rapid effusion of lymph takes place from the iris. In other words, there is not a series of recurrent attacks of irritation, with entire relief for months or years; but the inflammation of the vascular system takes place immediately with the nervous irritation, or after but a short stage of two or thee days of the irritative form. This is particularly noticed in cases where the eye has been quiet for months or years, when almost at once the trouble sets in, and in two or three days the former sound eye is seriously, if not irreparably affected. The removal of the lost eye does not always relieve and save the other.

In the one, the nervous system is only slightly and temporarily irritated; while in the other, it is seriously affected and passes to the vascular system, creating the greater and more dangerous trouble. The one is a nervous affection, the other an inflammatory one.

Any inflammation of the one eye creates a sympathy in the other. Also, anything irritating the one affects the other, as is seen, when a foreign body is in an eye, how the other sympathizes until the foreign substance is removed. So we can have sympathetic irritation from the wearing of an artificial eye over a shrunken ball, where the cornea or part thereof is still prominent and sensitive. If the eye rests on the cornea, every movement causes a rubbing and irritation of the cornea, which, when continued for some time, can extend to the iris and ciliary body, and become a severe attack of irido-cyclitis, with danger of sympathetic ophthalmia in the other eye. In some cases the irritation from the artificial eye creates only a light form of sympathetic trouble, which is relieved by the patient discontinuing the wearing of the eye for a few days. It is then tried again, and again discontinued from time to time, often for years, before advice is sought.

Abscission of the cornea with the removal of the ciliary body, or excision of the atrophied ball, relieves this irritable condition, and the artificial eye can be worn with comfort.

In illustration of purely sympathetic irritation lasting for a long time without any injury to the eye, I present the following interesting cases from my note books:—

Miss A. P., aged forty. Atrophy of the right eyeball, from injury thirty-five years previously. The injury was from a scissors point being stuck in the eye. The ball had shrunken to one-third of the natural size, but the cornea remained somewhat prominent, although opaque. She has worn an artificial eye for thirty years, but always with discomfort; being obliged at times to leave it out, on account of the irritation of the stump. For some years the sound eye has been sensitive to the light, and suffering with pain on any attempt to use it. Vision has reduced to $\frac{20}{C}$. Ophthalmoscopic examination painful, but only a slight state of congestion of the choroid could be seen. Excision of the stump was advised; which operation I made the following day. On the seventh day after, vision of the remaining eye improved to $\frac{20}{XL}$, and an examination was not painful. Hypermetropia $\frac{1}{40}$, was found. An artificial eye has been worn steadily ever since, now two years, and the left eye is well and can be used with comfort.

G. C., aged 23 (1870), lost the right eye six

years ago, by running an awl into it while working at his trade of harness maker. The ball had become slightly atrophic, but cornea still clear. Iris discolored and pupil occluded. Vision nil. From time to time the eye would become inflamed, as he supposed, from cold, and the sound one would sympathize with it, by being very sensitive to light, and any attempt to use it would create pain. This would pass away as the inflammation left the lost eye. He had tried to wear an artificial eye, but found it irritated the stump, and created so much inflammation that he was obliged to discontinue its use. He continued in this way, without great inconvenience, until he received a blow on this eye from a ball, while playing base ball, which caused such great inflammation and severe pain that he sought surgical aid, and consulted me two days after the accident. The right eye was found very much inflamed, very painful on being touched; anterior chamber filled with blood. The left eye was sympathizing very much in irritation only. Ophthalmoscopic examination was negative. After hearing the history of the case, I advised excision of the lost eye at once, which was done the same day. Immediately after, the left eye was relieved of its sympathetic irritation, and has been perfect ever since.

After the removal of the eye it was found to be quite hard, and on opening it through its equator, a shell of bone was found lying inside of the sclerotica, in the vascular layer of the choroid, extending around the whole fundus of the eye, forward to the ora serrata, forming a complete cup. In the posterior part of the cup a small oval hole perforated it, through which the optic nerve passed. The retina and vitreous, as a tough, opaque, fibrinous mass, lined the inside of the shell.

T. A., aged 22 (April 1875), a year ago was struck in the left eye by a piece of coal, which cut through the cornea. Considerable inflammation ensued, and the cornea shrunk, leaving a small staphylomatous point on one side. Vision lost. He had tried to wear an artificial eye, but found too much irritation therefrom, which affected the well eye. Being desirous of wearing an artificial eye, he consulted me, and I made abscission of the cornea. An artificial eye has been worn ever since, without trouble.

Mrs. T., aged 38, fifteen years ago had erysipelas of the face, which settled in the left eye, and caused sloughing of the cornea, and loss of the eye. To improve the looks she had at times tried an artificial shell, but it caused too much irritation, and could not be worn. She said that every time she attempted to wear it the sound eye appeared to feel it. She consulted me about it, and I advised abscission of the cornea, or removal of the ball. Abscission was done, and there has been comfort ever since.

H. P., aged 18, February, 1874. Had inflammation of the left eye, while quite a child; thinks he was hurt. Cornea was opaque and flattened. For years the eye would at times become inflamed, more particularly if he attempted to wear an artificial eye, which would always irritate the sound one. For cosmetic purposes he was very desirous of having an artificial eye, and came to this city to see what could be done for him. He was brought to me by his uncle, and I advised abscission of the cornea, to which he consented. On removing the cornea and ciliary body, I found, instead of a lens, a hard, yellowish-white substance, of the same circumference, but somewhat flatter, in its place. I supposed it to be a calcareous lens, but on decalcifying it, and making sections, it was found, under the microscope, to be bone; having Haversian canals and lacunæ well marked; specimens of which I exhibited before the Medico-chirurgical Society, last winter.

I could mention many more such cases that have come under my care, but the above serve to illustrate the point of sympathetic irritation being a purely nervous trouble, extending no further than a reflex nervous irritation, and which can continue for years without seriously affecting the eye.

In making abscission of the cornea, care should be taken to place the incisions back far enough, so that the ciliary body is completely and entirely removed. Otherwise, in healing, there may be sympathetic trouble from any ciliary nerve twigs being caught and pressed in the cicatrix; just as we have in cases of incised wounds and ruptures of the sclerotic and ciliary body.

Sympathetic ophthalmia is of a different type, being not only a sympathetic irritation, but an inflammatory process of a very severe but insidious kind. The attack is sudden, and progresses rapidly. The irritative or purely nervous stage is of very short duration; a few days only, before there are marked changes in

the iris and general condition of the eye. The vision is more suddenly reduced and to a greater degree, and lymph is thrown out in the pupil from the iris. All the appearance and symptoms of the eye are of an inflammatory character, with the exception of an absence of pain. The tension of the eyeball is at first slightly increased, but soon becomes softer than normal

Removal of the lost eyeball, if not in the first few days of the irritative or nervous stage, does not stop the progress of the disease in the other.

The following cases serve to show the sudden and severe attack which sympathetic ophthalmia makes:—

The first occurred after an operation for cataract, in a patient of mine, this year, and the other two were after injuries, the notes of which were kindly given me by my colleague, Dr. A. D. Hall, from his hospital case books.

A. W. Left eye, cortical cataract, right eye, incipient cataract. I extracted the lens from the left eye by v. Graefe's method, successfully. There was no hemorrhage in the anterior chamber, and no vitreous lost. The lens came out on slight pressure, and no instrument was introduced into the eye to remove any soft cortical mass; it was all worked out by delicate manipulations over the cornea. The eye healed remarkably well in fourteen days. The outer edge of the capsule was adherent to the iris. As it did not seem to cause any irritation it was allowed to remain, fearing that any interference might cause serious trouble; vision at that time was $\frac{20}{0}$. Four weeks after the operation the glasses were furnished, + 4 vision $\frac{20}{0}$, and with + 2½ read Snellen 3. At this time the patient went to the country, where the eye remained splendid, with the sight improving, for three weeks, when both eyes appeared to inflame, as if from cold. They were bathed with some simple remedy for two or three days, when, finding no improvement, the patient was brought to me again. On examination I found marked irido-cyclitis in both eyes, with lymph in the pupil of the right eye (unoperated on). The right eye was much more affected than the left, and knowing, at that stage of the inflammation, that the excision of the left eye would not relieve that of the right one, I proposed iridectomy on both, or the removal of the right ball and large iridectomy on the left eye, with the hope of saving this, the least affected one. All operative influence was declined, and both have been lost.

This is the only case that I have ever seen of sympathetic ophthalmia after cataract operation, and it is strange how long it was after the operation before the development. And like all sympathetic ophthalmia, it arose suddenly, without a long state of irritation.

Taking an account of the great number of cataract operations that have been made in this country and in Europe, it is remarkable that so few cases of sympathetic ophthalmia have occurred.

At the meeting of the ophthalmological Society, in Heidelberg, last year (1874), Dr. Klein called the attention of the gentlemen present to two cases of sympathetic ophthalmia that had occurred in his practice, and remarked that up to that date but few cases had been treated. Critchett reported two cases before that Society in 1862; Schweigger mentions one in his "Handbuch der Specielen Augenheilkunde;" Arlt had reported four, and Mooren one. During the discussion that followed Dr. Klein's remarks, eighteen cases of sympathetic ophthalmia after operations were related as having taken place, of which number fifteen only occurred after the extraction of cataract, and the remaining three after iridectomy. In Dr. Klein's cases he had prolapse of the iris, which was excised, and he supposes that the prolapse and strangulation of the iris was the cause of the irido-cyclitis, while others who related cases had no prolapse, and supposed that the incision had been carried too far within the ciliary region. In my case there was no prolapse, nor was the incision carried too far within the ciliary region, and I attribute the whole trouble to inflammation set up in the iris by the adhesion of the capsule to its edge.

The following two cases of Dr. A. D. Hall's are interesting, in showing the rapidity of the disease also, when once started.

B. C, aged 17, September, 28th, 1872, was struck on the middle of the inner border of the cornea, in the ciliary region of the left eye, by a piece of wood, penetrating the sclerotica and ciliary body. September 30th. Brought to the Wills Hospital and placed under Dr. Hall's care. At that time the anterior chamber was filled with blood and some opaque lens substance. There was moderate injection of the bulb. October, 12th. Eye quiet. The blood in the anterior chamber almost absorbed, and it can be seen that the iris is torn from its ciliary attachment in its upper third. The lens

is opaque and dislocated forward. October 26th. Begins to count figures with a little difficulty; can see the flame of a candle; some little ciliary injection still on inner region. Eye quiet; no sympathetic trouble in the other eye, vision of which is $\frac{20}{XX}$. October 29th. Left eye a little more injected. Right eye still free from any trouble. Vision $\frac{20}{XX}$ and reads Snellen $1\frac{1}{2}$ at 4 to 14 inches, readily. A=$\frac{1}{4}$. November 5th. Comes with the report that for the last two or three days the right eye has been troubling him. There was found a sensitiveness to light, accommodation somewhat reduced, but vision still $\frac{20}{XX}$. He was admitted into the hospital for the enucleation of the left eye, which was the done the same day. November, 12th. Right eye, iris discolored; much pericorneal injection; vision hazy: lymph in the pupil; complete irido-cyclitis. November 16th. Vision reduced to $\frac{3}{0}$. November, 23d. Vision $\frac{1}{0}$. A large iridectomy was made, but of no avail; the inflammation progressed to the total destruction of the eye.

J. F., aged nine; 1874, June 9th. Three months previously was injured while striking the top of a hatchet with a hammer, by a scale flying off and penetrating the sclerotic of the left eye, 3‴ below the limbus conjunctivalis, in the external lower quadrant. There has been no serious trouble with the eye until a week ago, when he came into the hospital with marked sympathetic symptoms in the right eye; the iris discolored; two posterior synechia, photophobia, and a pink injection of the bulb. The left eye was excised, but without any relief to the right one. The inflammation continued, and vision reduced to $\frac{8}{0}$, when he left the hospital.

Reviewing carefully these cases, as well as many others that have been published, we see plainly the two separate and distinct forms of this disease. And of the cases where relief has been afforded by the removal of the lost eye, there must have been present but the nervous irritative type, or the operation was promptly made on the immediate outbreak or attack of the inflammatory form, during the short premonitory symptom of irritation.

In the first form there is no great haste necessary in making the operation, while in the second it must be done at once, and should be so advised and pressed upon the patient. If not consented to, the surgeon should immediately withdraw from all responsibility in the case, to relieve him from censure for the total loss of sight that will ensue.

I would here make note, that in supplying an artificial eye, care should be taken to see that there is no corneal tissue prominent enough to touch the back of the shell, and that it fits evenly and smoothly. Pressure upon any point of the conjunctiva will soon create inflammation, and often adhesion, and in the course of time render the cavity so small that none can be worn.

The best and most natural artificial eyes that I have seen are those manufactured by Ludwig Müller, in Thüringen, Germany. They are made of perfectly pure glass, and contain no irritating substances. They are now presented to the profession and public by Dr. Theo. Roth, of this city, who has the general agency for this country.

## Medical Societies.

### THE MEDICAL SOCIETY OF HARFORD COUNTY, MARYLAND.

The regular meeting of the Harford County Medical Society was held at Churchville, at the hotel of Mr. Wakeland, on Tuesday, November 9, 1875.

A respectable number of the members were present, and the meeting proved both pleasant and profitable.

Dr. George Thomas Hays, the newly elected president, upon taking the chair, thanked the members in a very graceful manner for the compliment paid him, in electing him to the position of the presiding officer. He regarded it an honor to be selected by such a respectable body to fill the highest office in their gift, that of presiding over their deliberations, an office that had been filled with so much credit to themselves and to the Society, by such men as John K. Sappington, Thomas C. Hopkins, S. B. Silver, and R. D. Lee, and he would, to the best of his ability, with the aid and with the kind forbearance of the Society, endeavor to fill the position in a manner to evince his appreciation of the compliment. The minutes of the previous meeting were then read and adopted.

The committee on printing, Drs. Lee and Forwood, reported that they had, in accordance with the instructions received at the last meeting, placed the new constitution of the society in the hands of Mr. Baker, of the *Ægis and Intelligencer*, to be printed at an early date.

Upon application the following named gentlemen were balloted for and unanimously elected members of the Society:—Dr. C. E. Iddings, Dr. H. Clay Whiteford, both of Darlington, and Dr. Kennedy, of Aberdeen.

The subject of honorary membership, which had been proposed by Dr. Silver at a previous meeting, was discussed by Drs. Silver, Lee, Virdin, Scott and Forwood, at considerable length, and finally, upon vote, was laid upon the table.

Dr. Hays, who had been appointed at the last meeting, to present a memoir of the deceased members, Drs. Elliott and Cooley, asked for further time, which was granted, without the formality of a vote.

Dr. W. W. Hopkins read an interesting paper upon the causes of so-called malarial fever, advocating the view, that the disease was due to oscillations of temperature, rather than a specific poison. Dr. Hopkins disclaimed originality in the suggestions; but stated, that as recent writers on the subject were claiming the attention of the profession, he had simply gathered their views from various sources, and desired to submit them, in a concise form, for the consideration of the Society.

Dr. Virdin moved that the thanks of the Society be given Dr. Hopkins, for the embodiment of this theory in an interesting and instructive form, and that the Secretary be instructed to submit Dr. Hopkins' paper for publication in the Philadelphia Medical and Surgical Reporter. The resolution was unanimously adopted. The members not appearing to be prepared for the discussion of the theory, it was agreed to entertain the subject at the next meeting.

Dr. Forwood propounded the query, "What are the unfavorable symptoms that may appear in the course and progress of typhoid, or, more properly speaking, enteric fever; and what measures are the best with which to combat them?" The speaker said that we were all supposed to be familiar with what the books say about typhoid fever; and we all know that a great deal has been written on the subject; and we also know that a great deal has been said that is of very little practical value at the bedside. He did not ask, at present, for any member to advance any theory as to the cause of the disease, or of its general treatment The chief object of our meetings, said the speaker, as we well know, though the general public do not appear to fully comprehend, is to interchange our individual experiences as to the best means of preventing the occurrence of disease; and when prevention is not possible, to so bring our treatment to bear, as to best aid nature in conducting the disease to a favorable termination. The speaker said that he had, at the present time, some cases of enteric fever under his care, which occasioned him considerable anxiety of mind; and he wished to hear from the members present, what they themselves had observed (for we have all made some individual observations that are not be found in the books) as indicating an unfavorable condition of the patient, and if combatable, what treatment had been the most successful in their hands.

Drs. Silver, Scott, Lee, George H. Roberts, Hopkins and Finney, made some remarks upon the subject; also a few observations were made by the President, Dr. Hays; he stated, however, that the disease but rarely appeared within the circle of his practice; that bilious and intermittent fevers were much more prevalent in his vicinity. The remarks made by all the gentlemen contained suggestions more or less valuable; those, however, made by Dr. Roberts, who resides in a typhoid fever district, were eminently interesting, full and practical. He did not regard the occurrence of hemorrhage from the bowels in the early stages of the disease as an unfavorable sign, but it was decidedly so when appearing in the third or fourth week. Somnolence and stupor, automatic motions, or picking at the bedclothes, the passing of fæces and urine in the bed, are all very bad signs in the third week. The more the respiration is affected, the sooner and more readily paralysis of the heart occurs. Rapid respiration, which is always accompanied with a correspondingly rapid pulse, soon exhausts the vitality of the patient; he sinks and dies. If the patient can be conducted over the third week, the prospects of final recovery are, as a rule, favorable, if we exclude the occurrence of perforation of the bowel, an accident which rarely happens if the diet is carefully attended to Opium and stimulants (alcoholic), and rest, absolute confinement to bed, were our chief resources in respect to treatment. Watch the patient, and endeavor to combat the symptoms as soon as they present themselves. He gives very little medicine, as a rule, in this disease; but holds himself in readiness to act promptly and vigorously as soon as demanded by the nature of the case. He had no confidence in the specific value of the oil of turpentine in the disease.

Dr. Finney mentioned one symptom, which we do not remember to have seen recorded, which he had observed to invariably indicate a *fatal* termination; namely, a contraction of the lips, showing conspicuously the upper teeth; presenting what might be called a "grinning" expression. In confirmation of the correctness of Dr. Finney's observations, the reporter will here state that one of his cases, at the time under treatment, and which had apparently, up to that time, been progressing very satisfactorily, presented the symptom referred to by the doctor on the very next day after the meeting of the society, and died within twenty-four hours.

It was agreed to further discuss the subject of enteric fever at the next meeting.

Dr. S. B. Silver arose, and remarked that, before adjourning, he wished to offer the following preamble and resolution:—

*Whereas*, Our Secretary, Dr. W. Stump Forwood, having recently passed through a long and painful sickness, and having been providentially restored, and able to meet us again as a faithful member of our Society, therefore,

*Resolved*, We feel devoutly thankful to an overruling Providence for his restoration to health; and while socially congratulating him on his recovery, we trust that his protracted

illness and long-tried patience may tend to render him even more feeling and sympathetic as a physician, for which qualities he is already distinguished, and enable him thereby to become a still better practitioner of medicine.

The preamble and resolution were seconded and unanimously passed.

The Secretary said that he was unable to express the gratitude he felt for the kind and unremitting attentions he had received from quite a number of the members of the Society, during his protracted sickness. He trusted that they would accept his heartfelt thanks, and hoped that none of them would ever be in a condition to require like attentions; but if any should ever be so afflicted, he would regard it as a pleasure, as well as a sacred duty, to administer in like manner, so far as in him lay, to their comfort and relief He was also thankful for this kind expression of their good will and regard.

The Society then adjourned, to meet in Belair, on the second Tuesday in May next.

W. Stump Forwood, m. d., *Secretary.*

# Editorial Department.

## Periscope.

### Oppose the Beginning of Disease.

Emphasizing this maxim, Dr. S. Gamgee writes to the *Lancet*:—

When a varicocele is large, oppressing by its dragging weight, and causing, as it sometimes does, atrophy of the testicle, trusses, rings, and all such expedients are of little or no practical use; whereas, the radical cure, now that the efficiency and simplicity of the elastic ligature are understood, can be carried out with very little pain, with scarcely any confinement, and with perfect success.

A stricture of the urethra is the only ailment of many men, who are either for years unconscious of its existence, or are the patient objects of palliative measures, in spite of which the stream becomes smaller and more twisted. How easy and effectual is timely dilatation; how little trouble is it for the patient himself to maintain the freedom of the passage, by passing, at intervals, a good-sized elastic bougie. A neglected stricture is the source of infinite trouble to many men, and is one of the most frequent causes of premature decay and death, which timely and well-executed catheterism is practically all-powerful in preventing.

A tendency to hemorrhoids, and their actual existence, doubtless, admits of relief by strict observance of dietetic rules, proper exercise, and ablutions. But when the piles have acquired shape and the solidity of age, the radical cure is the only effectual relief. Take the simple and not unfrequent case of a solitary external pile, sometimes causing little, often much, trouble. Its excision, under the ether spray, is absolutely painless; and if the bleeding spot be touched with a little styptic colloid, the patient may go about his business at once, without fear of consequences.

The elongated uvula, which troubles many orators and vocal artists, grows longer and more troublesome, in spite of astringent lozenges and gargles. Its removal, at just length, with a pair of scissors, is as nearly painless as can be possibly conceived, and is a lasting source of comfort. But of all conditions in which the superior economy of operative interference over miscalled palliatives is demonstrable, none is so striking as chronic enlargement of the tonsils. Many children with pale faces and depressed chests, who speak thickly and snore in their sleep, have big solid tonsils, which nearly touch in the middle line. It is beautiful to watch, in the course of a very few days, the cheeks becoming rosy and plump, and the chest expanding, after excision of the tonsils with the simple throat-guillotine, which, in children and adults, is one of the most useful, yet insufficiently practiced, operations. Doubtless, the great question is, when to interfere and when to abstain. That can only be solved by well-balanced judgment, based on ample information, neither stimulated by ambition for dexterous display, nor checked by diffidence, which so frequently proclaims itself as the labored outcome of philosophical caution, when it is, in reality, the natural offspring of constitutional indecision.

### The Diagnosis of the Position of the Lesion in Facial Paralysis.

In a paper on facial palsy, of rheumatic origin, in the *Deutscher Archiv für Klin. Medicin.*, Dr. W. Erb gives some useful hints for determining the exact seat of the lesion of the nerve in any particular case, which we reproduce here, for the benefit of our readers. His method depends on observing whether certain special branches of the facial nerve are affected or not simultaneously with those supplying the muscles of expression :—1. If the posterior auricular nerve is involved, the lesion is inside the canal of Fallopius. 2. If the sense of taste is diminished or destroyed on the corresponding side of the anterior portion of the tongue, the lesion is above the point where the chorda tym-

pani leaves the facial nerve. 3. If the sense of hearing is abnormally acute for low notes and also for distinguishing small variations in musical tones, the nerve to the stapedius muscle, which is given off above the chorda tympani, is implicated. 4. If paralysis of the soft palate can be detected, we may conclude that the lesion involves the trunk of the facial from the geniculate ganglion onward towards the brain. The application of these rules to a large number of cases has proved, according to Erb, that in the majority of instances of rheumatic facial paralysis, the seat of the lesion is lower than the point of origin of the chorda tympani, and that in the mildest forms only that part of the nerve is affected which lies outside the canal of Fallopius; for being thus surrounded with loose tissue, it cannot be seriously compressed by the swelling of the neurilemma.

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### The Skim-milk Diet in Diabetes.

A writer in the *British Medical Journal*, says:

The special treatment with which Dr. Donkin's name is associated is the use of skim-milk as a diet; and the point of the volume now under review appears to be, to show that it is in accord with the teachings of organic chemistry and physiology, to expect advantageous results from it. By no means uncalled for, or too soon, is the urging of this point; for on chemical and physiological grounds, the earnest and accomplished M. Bouchardat has specially cut out this useful article—the dietician's model food, the type of perfection, the precious gift of godmother nature to her most precious wards—from the bill of fare of the diabetic. Boldly confronting, in a good cause, even such an antagonist as the trusted M. Bouchardat, Dr. Donkin contends that milk-sugar differs so essentially from cane-sugar, grape-sugar, and pure diabetic sugar, that it is not converted into it, and does not appear again in that form in the renal excretion. "Belonging to a different class of sugars, milk-sugar does not undergo alcoholic fermentation in contact with yeast; and, in addition, it does not precipitate the oxide of copper when treated with the reduction test. On the other hand, it is subject to lactic fermentation by the action of ferments. On account of these intrinsic differences, lactose, as an ingredient of milk, cannot undergo the same metamorphic changes as glucose, in the processes of digestion and assimilation in health (nor be converted into it in diabetes); its conversion into lactic acid being direct and immediate, not by intermediate changes through which the latter passes into this substance. For this reason, which is perfectly intelligible, milk-sugar, unlike vegetable glucose, is assimilated, and the reverse of injurious in diabetes."

It must, however, be noticed that milk-sugar, in the presence of acetic and several other vegetable acids, and also of several mineral acids, and other substances, of which koumiss-brewers are aware, was long ago observed, by Simon, to be changed into grape-sugar, and so become liable to alcoholic fermentation, etc., and presumably as injurious to the diabetic as native glucose. This must be always borne in mind in clinical experiments on the subject. Milk-sugar may be utterly perverted and rendered poisonous by admixture with other articles in the stomach—a pickle, or a glass of wine or of lemonade, some sulphuric or hydrochloric acid given as a tonic, and many other substances probably; whereas, taken quite alone, it may be the best of foods to the hungry patient.

It is not, then, a fair trial of Dr. Donkin's skim-milk treatment, if any other food be allowed to mix with it in the stomach. The safest way is to make it the exclusive article of diet; but if the patient absolutely refuse to be so restricted, then we must take care that it is wholly absorbed (and diabetics absorb very quickly) before another meal be swallowed. But we must not reckon these abortive observations as equal in scientific value to complete experiments

The use of lactic acid by Professor Cantani, Dr. Balfour, Dr. Foster, and Dr. Ogle, is quite distinct from the treatment recommended by Dr. Donkin. They prescribed lactic acid as a remedy, intended to make other food wholesome; the skim milk as a sole nutriment, which the mixture of other foods nullifies.

As to the quantity demanded it appears that a patient can drink as much as a gallon and a half *per diem*; but that is an extreme ration.

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### Artificial Respiration.

Some nine years ago, says the *Lancet*, Prof. Schiff, of Florence, in his lectures on the nervous system, announced that in fulminant apoplexy consequent on paralysis of the medulla oblongata, artificial respiration—never bleeding—was the treatment indicated. This induction he had reached after numerous experiments on the lower animals By artificial respiration the blood is saturated with the oxygen indispensable to life, while the pressure of the circulation is kept low, so as to obviate a new hemorrhage in the brain. For this reason, to say nothing of the fact that the artificial introduction of air can be regulated according to the requirements of the case, Prof. Schiff prefers the artificial respiration by means of the bellows to the respiration of pure oxygen.

His assistant, Dr. Corso, describes a case in which the efficacy of the practice was well illustrated. A lady, having accidentally fallen on her occiput, was brought into hospital with fracture of the base of the skull. Immediately on admittance she was found insensible, with her eyes closed, her face cyanotic, the respiration very slow and shallow, pulse small and feeble, and, in fact, all but moribund. Artificial respiration was at once practiced. After a few minutes the heart began to beat with greater frequency and force; in twenty minutes' time natural respiration was reëstablished, and sensibility returned. Next day she

had improved to such a degree that she could sit up in bed and eat by herself. The intellect, however, was not perfectly restored, her attempts at discourse being incoherent. This indication of lesion of the cerebral substance increased, till, after fifteen days, she died. At the autopsy there were found fracture of the base of the cranium, hemorrhage on the right side, extending down to the medulla oblongata, and lesion of the substance of the brain.

The immediate danger in apoplexy lies in paralysis of the medulla oblongata, and consequent impairment of the mechanism of respiration. If this patient had not had, together with the hemorrhage, lesion of the brain, which is common to apoplexy, whether spontaneous or produced by an external cause, she would (says Dr. Corso) have been saved. By artificial respiration time is given to the brain and medulla oblongata to recover the shock and resume their functions, if not perfectly, all at once, still in such degree as to maintain life and make improvement possible.

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**Sulpho-carbolate of Sodium as a Prophylactic in Scarlatina.**

Dr. W. Scott writes to the editor of the *Medical Press and Circular* :—Without, on the present occasion, entering into the interesting question of whether the minute particles of living matter which constitute disease germs consist of animal or vegetable bioplasm, or the various other difficult points regarding the nature of the poisons of infectious diseases, I am desirous to direct the special attention of practical and thoughtful men to the use of the sulpho carbolate of sodium, both as a curative and prophylactic agent in the treatment and cure of scarlatina. So far as I am aware, there has not been that general attention given to the subject which its vast importance demands. Mr. Crookes, Dr. A. E. Sansom, Dr. Brackenridge, perhaps others, deserve well for what has been already effected, and, so far as my experience goes, I can fully confirm their testimony; but unless a considerable number of the medical profession carefully attend to the matter, noting cases and briefly publishing results, little partaking of certainty can be reliably settled.

In scarlet fever, diphtheria, and measles, the sodium sulpho-carbolate may be given in doses varying according to age, from five to thirty grains four times daily, and in a mixture with simple syrup or other such ingredient is in no way disagreeable. An extended trial is the all-important point at present, and for this time I need only say that I have seen the use of the above-named preparation followed by results far exceeding my most sanguine expectations, both in a preventive and curative point of view. [Med & Surg. Reporter]

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—We are still in need of a few numbers of Half-Yearly Compendium, Ser. I, No II; and copies of the Reporter for Jan. 1874.

## Reviews and Book Notices

### BOOK NOTICES.

**The Transactions of the American Medical Association.** Vol. xxvi. pp. 577.

This volume presents a gratifying exhibit of carefully written papers, and full reports of the minutes of the Association and its sections. The address of the President, Dr. W. K. Bowling, is stirring; and that by Professor Flint, on Practical Medicine, brings out not alone many new facts, but some suggestions as to future study, which we consider quite invaluable. We have particular reference to the latter part of his address, where he speaks of the natural history of crime, how it should be studied, and how it will, probably, at no remote epoch, alter the principles of penal legislation.

The observations on exophthalmic goitre, by Dr. Roberts Bartholow, are characterized by the usual originality of that observer. He pronounces it a purely functional disease, without any constant lesion, and remediable by the galvanic current. Dr. Louis Elsberg's notice of the *bioplasson* doctrine might have been presented more clearly. It is a step beyond the *bioplasm* doctrine of Beale. The illustrations which accompany it are excellent. A pigmentary disease of infants is described by Dr. M. B. Wright, of Cincinnati. Prof. Lewis A. Sayre describes some striking cases of spinal anemia, with partial paralysis from irritation of the genital organs. The method of ausculting the œsophagus is described by Dr. Louis Elsberg. A curious instance of hemlock poisoning is summarized by Dr. A. M. Bell, of Brooklyn. Climatological reports from Nebraska, Florida and Minnesota, are given. Dr. Gross' discourse on Blood-letting as a Therapeutic Agent, is a remarkable plea in favor of this neglected and nigh obsolete practice. Several other articles of sterling merit will also be found in the volume.

Much credit is due the Secretary, Dr. Atkinson, for the manner in which the manufacture of the book has been supervised.

**Transactions of the Medical Society of the State of Pennsylvania.** Vol. x. Part II. 1875. pp. 459–853.

This report makes a seemly volume of 400 pages, well filled with matter of scientific interest. Twenty-one counties in the State are

represented by reports from the county medical societies, among which are interspersed numer ous records of experience which well merit preservation and publication. As examples of such we may—culling almost at random—refer to the case of phlebitis produced by the hypodermic use of ergot, reported by Dr. E. P. Allen, of Bradford county; to the observation of Dr. E. Harvey, of Delaware county, that the free administration of chlorate of potassa at the outset of epidemic cerebro-spinal meningitis "is generally sufficient to arrest the attack in a day or two;" the value of tincture of phytolacca decandra as an external application to wounds, brought forward by Dr. Suesserott, of Franklin county; the rarity of consumption in the mountainous district around Carbondale, spoken of by Dr. Barr, of Luzerne county; the benefit of the free use of the forceps, as illustrated by Dr. Livingston, of Mercer county. In the report of Montgomery county, Dr. Hiram Corson gives some selections from his wide experience in therapeutics; and so we might indicate many more suggestive portions. Of the report on hygiene, by Dr. Benjamin Lee, we have heretofore spoken. Dr. Laurence Turnbull describes and portrays a new instrument for closure of the Eustachian tube from thickening of the mucous membrane. Dr. O. H. Allis contributes a few suggestions on the use of ether, especially that its administration should be very gradual at the outset. Dr. Atlee's address, and the address on medicine by Dr. William Pepper, are able papers. The general make-up of the volume is judicious, and the care with which the proof has been corrected is evident and pleasing.

**Phthisis; its Morbid Anatomy, Etiology, Symptomatic Events and Complications, Fatality and Prognosis, Treatment and Physical Diagnosis, in a series of clinical studies.** By Austin Flint, M. D., etc., Philadelphia, Henry C. Lea, 1875. Cloth, 8vo., pp. 446.

This volume is the result of the careful recording of over six hundred and seventy cases of phthisis. They are grouped and analyzed so as to extract from their consideration the general features of the disease, its etiology, treatment, prognosis. This amount of original work, carefully done by any hand, would be a large addition to our knowledge of this terrible disease; but performed by the hand of a master, as in the work before us, we may hail it as, perhaps, the most important volume in the medical literature of the year.

The author divides his subject into six chapters, bearing respectively upon the morbid anatomy of the disease, its etiology, and the other topics given in the title, in the order of their expression.

The conclusions reached differ, at times, widely, from those current in the profession. The vigor and skill with which Niemeyer stated and defended his persuasions, as to the causes and pathology of phthisis, have enrolled for him a long list of disciples in this country. They will now have to unlearn much of this German wisdom, and return, with Flint, to the earlier and sounder doctrines of Laennec and Louis. Niemeyer, for instance, leans his authority to the common notion that a "bad cold," that is, an attack of bronchitis, often passes into consumption, or, as Niemeyer defines it, "chronic catarrhal pneumonia." All this Prof. Flint is sure rests on hasty conclusion and imperfect observation. He even considers that an attack of bronchitis, a cold caught by a phthisical person, does not aggravate his main affection.

Of course, the author devotes much space to treatment, and all familiar with his previous works will not be shocked by his very evident lukewarmness about drugs. Even cod-liver oil he holds of no value, other than a nutriment. The judicious use of alcohol he speaks more favorably about, than of any other article of the materia medica. After all, it is evident that he looks to open-air life, change of climate, and general hygiene, as the main stays in treatment. Fortunately, he has the satisfaction of recording quite a number of positive cures, and many instances of prolonged arrest of the disease by these means. The perusal of the book is cheering, therefore, rather than otherwise, and encourages the hope that by similar unbiased analyses of cases we shall some day witness a positive reduction of the frightful percentage which is now charged up to phthisis on the mortality returns.

**Five Essays Relating to the Construction, Organization and Management of Hospitals, contributed by their authors for the use of Johns Hopkins Hospital, of Baltimore.** I vol., cloth, 8vo, pp. 353. New York, William Wood & Co. 1875.

Every one knows of the munificent bequest of

Mr. Hopkins, of Baltimore, amounting to three or four million dollars, for the purpose of building and supporting a general hospital and allied charities.

The present volume contains the replies of five eminent members of our profession, whom the board of trustees consulted on the subject of hospital construction. The writers are, Drs. John S. Billings, Norton Folsom, Joseph Jones, Caspar Morris and Stephen Smith.

Emanating from such sources, the essays may be fairly held to embody the latest and best that has been said on the difficult problem of hospital construction. Numerous plans, designs and elevations are added, to picture forth with all possible clearness the views of the writers. The work is handsomely printed, and forms a valuable addition to the literature of hospital construction.

**Two Lectures Upon the Relations of Civil Law** to Church Polity, Discipline and Property. By Hon. Wm. Strong, LL.D., Justice of the Supreme Court, United States. New York, 1875. Dodd & Mead.

These lectures were originally delivered before the faculty and students of the Union Theological Seminary, in New York, and were not intended for lawyers, but for those about to become ministers.

In these days of church controversies, so profitable to the lawyers engaged, the subject of these lectures is one of general interest, especially when treated in a popular manner by so profound a jurist.

Judge Strong adverts to the fact that, with rare exceptions, the colonies all claimed and exercised the right to control religious faith, church order and discipline, and asserted complete supremacy over church organizations. But the necessity of a common ground of union for communities with such diverse religious organizations compelled the amendments of the Federal constitution of 1787, and the constitutional provisions of the several States, whereby there resulted a complete renunciation of the authority of the State in the church.

The civil law, then, tolerates the existence of church organizations, with such a polity as their members choose to adopt, without inquiry into the articles of faith.

No power in civil government can prevent the formation of a church with any tenets, however licentious or offensive to the moral sense of the community. But when such principles become practice, such inward and spiritual grace outward manifestation, such church or association would become amenable to the law. Civil law does control external conduct, though not articles of faith.

The law leaves the internal management of a church exclusively to its own regulation. Thus the publication of the excommunication or discipline of a member, and the cause thereof, pursuant to the organic rules of the church organization, is held not to constitute a libel, provided the act of discipline and the publication be not malicious.

Again, the law recognizes the right of every church to determine, finally, who are, and who are not, its members. And yet, in regard to membership of private corporations generally, rights to membership are subjects of legal cognizance, and there is a remedy provided for irregular amotion.

Courts leave to the churches to determine who are their officers, except where they are trustees of church property, and then it comes under the jurisdiction of the court to determine whether they are duly elected officers or not.

In short, "civil courts will not interfere with any church organization, connection, order, discipline or doctrine, nor will they interfere with the ownership of church property, except to enforce its being held in strict subordination to the uses to which it was devoted when it was acquired." Of pews, he says, the sale of a pew, as a pew, conveys no ownership of the ground. It is a mere easement, an usufructuary interest. The corporation or trustee, notwithstanding the right of such pew owner, and against his consent, may take down the church and rebuild. And when the church edifice is taken down and a new one erected in its place, his right is extinguished. He is not entitled to a pew in the new building merely because he was a pew holder in the old.

One more statement of general interest. Though a father cannot force a child to adopt religious opinions contrary to the dictates of the child's conscience, yet if he should come to the conclusion that the attendance of his child upon the ministrations of any particular religious instructor was not conducive to its welfare, he might prohibit such attendance, and confine it to such religious teachers as he might select, and any interference with the exercise of this authority amounts to an invasion of his rights.

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D. G. Brinton, M.D.,
115 South Seventh Street,
Philadelphia, Pa.

## THE DISPOSAL OF THE DEAD.

The discussion as to the most appropriate way of disposing of the dead seems to have fallen somewhat into abeyance. After a most active canvass of Sir Henry Thompson's scheme of cremation, it may be said to have been rejected, as much on scientific as on sentimental grounds.

The latter were presented in some detail, in a lately delivered lecture of Dr. Randall, at St. Mary's Hospital, London. This lecturer referred to the proposal for burning our bodies, "cremation," as a heathen and pagan custom, which could not be approved of in a Christian country. The present proposal, of burning the dead in reverberatory furnaces, or near gas-works, is something more than disagreeable; it appears revolting and almost brutalizing. This dismal annihilation, taught by the Pagans, has in it something so unsuited to the wants of a Christian world, that it takes us back to the ages when those barbarous customs were in vogue, as unsuitable to us as to have our bodies exposed on the summits of the "towers of silence," there to be devoured by the ravenous birds of the air, or to be thrown into the sacred Ganges, a prey to the rapacious reptiles.

Such objections would have appeared more becoming from the pen of a lady contributor to a semi-religious fashion journal, than from the cathedra of a man of science. The real, and to our mind, sufficient objection to cremation is, that it destroys, too often, the evidence of crime along with the corpse. Frequently, suspicion of murder is not aroused for some weeks after death. Then the body, if buried, can be disinterred, and many poisonous agents yet discovered, by the subtle processes of analysis. But once reduced to ashes, and the murderer knows that pursuit is vain.

Dr. B. W. Richardson treated the British Social Science Congress to a description of a model sanitary city, in which, by scientific sanitation, the mortality was to be reduced to 5 in 1000 annually. The plan that he suggests for the inhabitants of his Hygeiopolis to dispose of the few that die, is as follows, and it may be taken as the last word on the subject from the mouth of a master.

"For various reasons, the process of burial is still retained: Firstly, because the cremation process is open to serious medico-legal objections; secondly, because, by the complete resolution of the body into its elementary and inodorous gases in the cremation furnace, that intervening chemical link between the organic and inorganic worlds, the ammonia, is destroyed, and the economy of nature is thereby dangerously disturbed; thirdly, because the natural tendencies of the people lead them still to the earth, as the most fitting resting-place into which, when lifeless, they should be drawn.

"Thus the cemetery holds its place in our city, but in a form much modified from the ordinary cemetery. The burial ground is artificially made, of a fine carboniferous earth. Vegetation of rapid growth is cultivated over it. The dead are placed in the earth from the bier, either in basket work, or simply in the shroud;

and the monumental slab, instead of being set over, or at the head or foot of a raised grave, is placed in a spacious covered hall or temple, and records simply the fact that the person commemorated was recommitted to earth in those grounds. In a few months, indeed, no monument would indicate the remains of any dead. In that rapidly resolving soil the transformation of dust into dust is too perfect to leave a trace of residuum. The natural circle of transmutation is harmlessly completed, and the economy of nature conserved."

This suggestion of Dr. Richardson is founded on the results of some experiments in the use of charcoal, as proposed by Mr. Haden, and its adaptation to the double wicker coffin when kept above ground; the result being that three or four inches of charcoal, as the intervening space between the outer and inner basket, were not sufficient, nor six inches; it was not until twelve inches had been reached, that offensive emanations, and the evidence of ammonia, carbonic acid, and water charged with organic matter, ceased to be given off.

## Notes and Comments.

### Therapeutical Notes.

PAINFUL MENSTRUATION.

Dr. Baker, of Norristown, has found the following formula, given a week or ten days before the menstrual period, to yield almost sure relief in painful menstruation:—

| | | | |
|---|---|---|---|
| ℞. | Pil. ferri carbonat., | ʒiij | |
| | Ext. conii mac., | ʒijss | |
| | Ol. cinnamom., | ♏xxx | |
| | Syr. tolutani, | ʒij | |
| | Syr. simplici, | | |
| | Aquæ, āā. | ʒvij. | M. |

Tablespoonful four times a day.

RHEUMATISM.

Dr. Wm. Corson has derived much success in this disease with the following:—

| | | | |
|---|---|---|---|
| ℞. | Phosphate of ammonia, | ʒiss | |
| | Tincture of colchicum seeds, | ℥j | |
| | Tincture aconite root, | ʒij | |
| | Simple syrup, | ʒiij | M. |

Teaspoonful every three or four hours.

### The Action of Gelsemina.

Dr. J. Ott, of this city, has forwarded us a pamphlet, in which he describes some original observations on the physiological action of gelsemina. The following resumé expresses his conclusions in regard to it:—

1. In cold-blooded animals it paralyzes first the sensory ganglia, and then the motor ganglia in the central nervous system. This order is reversed in warm-blooded animals.

2. It diminishes the pulse and pressure.

3. This decrease of pulse-rate is due to lessened irritability of the excito-motor ganglia of the heart.

4. The fall of pressure is due to diminution of cardiac irritability and vaso-motor tonus.

5. It decreases the respiration through a paralyzing action on the respiratory centres.

6. It dilates the pupils.

7. It reduces the temperature.

### The Oldest Medical Treatise.

A copy of the celebrated Egyptian medical papyrus, brought to Leipzig by George Ebers, has been received at the Astor Library. It is a fac-simile, in 2 volumes folio, containing 107 plates.

The writing in the original is exceedingly clear and regular, being in what is termed the Hieratic character. The body of the work is in black, the heads of sections in red ink. Of the medical recipes in the book, the following are specimens: "Caraway seed, goose fat and milk. Boil, stir and eat." "Pomegranate seed, sycamore fruit and beer. Treat as above." The genuineness of the original is not wholly beyond doubt.

### Medical Value of Eucalyptus.

Dr. Paul Boyce says, in the Virginia *Medical Monthly*:—A case of ague and fever, which had been treated with quinia, arsenic, etc., was cured in four days, by simply taking the essence of eucalyptus (prepared from the oil distilled from the leaves) ʒij three times a day. I believe we possess in the eucalyptus a remedy not inferior to the cinchona alkaloids. The oil applied to the nerve of a tooth soon destroys its sensitiveness and quiets the pain. In purulent catarrhal affections of the urethra *it acts like a charm.*

—The late Dr. Wallace, 3943 Chestnut St., West Philadelphia, left a copy of "Braithwaite's Retrospect," complete, and one of the *American Journal Medical Science*, since 1846, which will be sold on application as above.

## Correspondence.

### Lacerated Perineum.

Ed. Med. and Surg. Reporter:—

I have read Dr. Sterling's report of a case of *Laceration* of the *Perineum*, with great interest. By the way, why is it not taught that the rupture is *nearly always* caused by the passage of the *shoulders*. In my practice, extending over a period of nearly twenty years, I have had but one or two cases of laceration that amounted to anything when the head passed; but have had several rather serious ruptures (none involving the sphincter ani, however) that occurred when the shoulders passed. Therefore, instead of giving minute directions as to the management of the perineum when the head passes, it would be well for obstetric writers to insist upon the necessity of properly delivering the shoulders when laceration is feared. And here let me add, that when the patient is not under the influence of an anæsthetic, great good can be accomplished by cautioning the patient, under penalty of severe injury, to hold her breath and not "bear down," during the final pains. In this way the accoucheur can gradually and safely deliver the child, with but little risk of injuring the perineum. Respectfully,

L J. Woollen, m d.

*Vevay, Ind., November*, 1875.

## News and Miscellany.

### American Centennial Celebration.

The following circular has been issued in view of the approaching celebration next year. We republish it in full, because we wish every medical man in the country to interest himself in this national and international event:—

INTERNATIONAL MEDICAL CONGRESS.

The medical societies of Philadelphia, animated by a just spirit of patriotism, and an earnest desire to unite with their fellow citizens in celebrating the Centennial birthday of American Independence, have taken the initiatory steps for the formation of an International Medical Congress, by the appointment of delegates from their respective bodies, who were empowered to organize and perfect a scheme for the above purpose. In accordance with the authority thus given, the delegation has organized "The Centennial Medical Commission," with the following officers:—

*President.*—Samuel D. Gross, m.d., ll.d., d.c.l., oxon.

*Vice Presidents.*—W. S. W. Ruschenberger, m.d., u. s. n.; Alfred Stille, m.d.

*Recording Secretary.*—William B. Atkinson, m. d.

*American Corresponding Secretaries.*—Daniel G. Brinton, m.d., William Goodell, m.d.

*Foreign Corresponding Secretaries.*—Richard J. Dunglison, m.d., R. M. Bertolet, m.d.

*Treasurer.*—Caspar Wister, m. d.

Arrangements have been made for the holding of the Congress in the city of Philadelphia, to begin on the 4th and to terminate on the 9th of September, 1876. The commission propose the following general plan for the organization and business of the Congress:—

I. The Congress shall consist of delegates, American and foreign, the former representing the American Medical Association and the State and Territorial Medical Societies of the Union; the latter the principal medical societies of other countries.

II. The officers shall consist of a President, Vice President, four Secretaries, a Treasurer, and a Committee of Publication, to be elected by the Congress at its first session, on the report of a Committee of Nomination.

III. The morning sessions of the Congress shall be devoted to general business and the reading of discourses; the afternoons to the meetings of the Sections, of which there shall be nine, viz.:—

1. Medicine, including Pathology, Pathological Anatomy, and Therapeutics.
2. Biology, including Anatomy, Histology, Physiology, and Microscopy.
3. Surgery.
4. Dermatology and Syphilology.
5. Obstetrics and Diseases of Women and Children.
6. Chemistry, Toxicology, and Medical Jurisprudence.
7. Sanitary Science, including Hygiene and Medical Statistics.
8. Ophthalmology and Otology.
9. Mental Diseases.

IV. The language of the Congress shall be the English, but not to the exclusion of any other language in which members may be able to express themselves more fluently.

Gentlemen intending to make communications upon scientific subjects will please notify the Commission at the earliest practicable date, in order that places may be assigned them on the programme.

In order to impart to the Congress a thoroughly international character, invitations to send delegates will be extended to all the prominent medical societies in Europe, Mexico, the British Dominions, Central and South America, the Sandwich Islands, the East and West Indies, Australia, China, and Japan. Invitations will also be tendered to medical gentlemen of high scientific position; and distinguished visitors may be admitted to membership by a vote of the Congress.

Among the advantages arising from such a convocation as this, not the least important will be the opportunity afforded its members for the interchange of friendly greetings, the formation of new acquaintances, and the renewal and cementing of old friendships.

The Centennial Medical Commission tender, in advance, to their brethren in all parts of the

world, a cordial welcome, and a generous hospitality during their sojourn in the "Centennial City."

The Congress will be formally opened at noon, on Monday, the fourth day of September, 1876.

*The registration book will be open daily, commencing Thursday, August 31st, from 12 to 3 P. M., in the Hall of the College of Physicians, N. E. corner 13th and Locust streets. Credentials must, in every case, be presented.*

Gentlemen attending the Congress can have their correspondence directed to the care of the College of Physicians of Philadelphia, N. E. corner of Locust and Thirteenth streets, Philadelphia, Pennsylvania.

There is every reason to believe that there will be ample hotel accommodation for all strangers visiting Philadelphia in 1876. Further information may be obtained by addressing the Corresponding Secretaries.

*All communications must be addressed to the appropriate Secretaries.*

*Recording Secretary*—William B. Atkinson, 1400 Pine street, Philadelphia.

*American Corresponding Secretaries.*—Daniel G. Brinton, 115 South 7th street, Philadelphia. William Goodell, 20th and Hamilton streets, Philadelphia.

*Foreign Corresponding Secretaries.*—Richard J. Dunglison, 814 N. 16th street, Philadelphia, R. M. Bertolet, 113 S. Broad street, Philadelphia.

*Philadelphia, October*, 1875.

CENTENNIAL MEDICAL COMMISSION.

*Executive Committees for the States.*—R. D. Arnold, of Savannah, Ga; H. F. Askew, of Wilmington, Del.; Wm. O. Baldwin, of Montgomery, Ala.; Fordyce Barker, of New York; Surg. Gen. J. K. Barnes, U. S. A.; Roberts Bartholow, of Cincinnati, Ohio; Robert Battey, of Rome, Georgia; Surg. Gen. Joseph Beale, U.S. N.; S M. Bemiss, of New Orleans, La.; Henry J. Bigelow, of Boston, Mass.; John J. Black, of New Castle, Del.; H. I. Bowditch, of Boston, Mass.; W. K. Bowling, of Nashville, Tenn; Gurdon Buck, of New York; F. J. Bumstead, of New York; S. Dickson Bruns, of New Orleans, La.; S. C. Busey, of Washington, D. C.; J. L. Cabell, of University of Virginia, Va.; E. T. Caswell, of Providence, R. I.; Edward H. Clarke, of Boston, Mass.; P. S. Conner, of Cincinnati, Ohio; A. B. Crosby, of Concord, N. H.; N. S. Davis, of Chicago, Ill.; L. A. Dugas, of Augusta, Ga.; Calvin Ellis, of Boston, Mass; C. M. Ellis, of Elkton, Md.; Wm. Elmer, of Bridgeton, N. J.; Paul F. Eve, of Nashville, Tenn; Austin Flint, of New York; E. Geddings, of Charleston, S. C.; R. W. Gibbes, of Columbia, S. C.; Henry Gibbons, of San Francisco, Cal.; Wm. A. Gott, of Viroqua, Wis.; John Green, of St. Louis, Mo.; Traill Green, of Easton, Pa.; Wm. W. Green, of Portland, Me.; Moses Gunn, of Chicago, Ill.; R. C. Hewett, of Louisville, Ky.; P. E. Hines, of Raleigh, N. C.; J. T. Hodgen, of St. Louis, Mo.; Edgar Holden, of Newark, N. J.; Stephen G. Hubbard, of New Haven, Conn.; J. C. Hupp, of Wheeling, W. Va.; J. C. Hutchinson, of Brooklyn, N. Y.; C. L. Ives, of New Haven, Conn.; J. D. Jackson, of Danville, Ky.; Christopher Johnston, of Baltimore, Md.; Wirt Johnson, of Jackson, Miss.; L. S. Joynes, of Richmond, Va.; Robert C Kedzie, of Lansing, Mich.; F. D. Lente, of Pilatka, Fla.; Thomas M. Logan, of Sacramento, Cal.; Claudius H. Mastin, of Mobile, Ala; Theo. McGraw, of Detroit, Mich.; Hunter McGuire, of Winchester, Va.; George W. Mears, of Indianapolis, Ind.; R. D. Murray, of Key West, Fla.; W. A. B. Norcom, of Edenton, N. C.; Theophilus Parvin, of Indianapolis, Ind.; A. M. Pollock, of Pittsburgh, Pa.; F. Peyre Porcher, of Charleston, S. C.; Isaac G. Porter, of New London, Conn.; A. C. Post, of New York; David Prince, of Jacksonville, Ill.; J. C. Reeve, of Dayton, Ohio; J. E. Reeves, of Wheeling, W. Va.; T. G. Richardson, of New Orleans, La.; A. Sager, of Ann Arbor, Mich.; Chas. E. Smith, of St. Paul, Minn.; Nathan R. Smith, of Baltimore, Md.; Stephen Smith, of New York; Edwin M. Snow, of Providence, R. I.; J. L. Stewart, of Erie, Pa.; D. Humphreys Storer, of Boston, Mass.; Absalom B. Stuart, of Winona, Minn.; J. M. Taylor, of Corinth, Miss.; J. L. Teed, of Kansas City, Mo.; J. M. Toner, of Washington, D C.; Theodore R. Varick, of Jersey City, N. J.; Wm. R. Whitehead, of Denver, Col.; J. M. Woodworth, U. S. Marine Hospital Service; D. W. Yandell, of Louisville, Ky.

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### Philadelphia Diploma Selling.

We record with gratification, concerning this swindle, that our minister, General Schenck, made the imposture a subject of correspondence with the Government. Inquiry having been especially made in relation to the Philadelphia University of Medicine and Surgery, and the Livingston University of America, institutions so called, of which there are professed agencies in London and elsewhere, the Governors of Pennsylvania and New Jersey, the States in which these Universities are respectively described as being situated, have forwarded communications to the United States Minister in London, which demonstrate to our English cousins that these institutions have no existence, and the diplomas sold under their seals are worthless and spurious.

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### Indiana, Illinois and Kentucky Tri-State Medical Society.

The first session of this Association was held in the city of Vincennes, Indiana, Tuesday, October 26, 1875. After a very pleasant and profitable session, of two days, adjourned to meet in same place, fourth Tuesday in October, 1876.

J. W. Thompson. M.D.,
*President, Paducah, Ky.*

George W. Burton, M.D., *Secretary, Mitchell, Indiana.*

### The Philadelphia Lying-in and Nurse Charity.

Of this Institution, the report of the Board of Managers states that since the establishment of the charity, in 1831, 10,000 obstetrical patients have been cared for in the obstetrical department. About 4000 of these have received nursing, and many of the most destitute have received nourishment and clothing, and many hundreds have been cured or relieved at the clinic; 195 nurses have received regular instruction since 1844, besides others in previous years. More than 6000 applications have been received for nurses and 4000 have been supplied. The following officers were elected for the ensuing year:—President, Elwood Wilson, M.D.; Vice Presidents, Dillwyn Parrish and John L. Hough; Treasurer, Passmore Williamson; Secretary, David J. Brown.

### A Medical Director.

Dr. William P. Pepper, of this city, has accepted the position of Medical Director at the Centennial Exhibition. Dr. Pepper is fitted for the office thus tendered to and accepted by him. He has taken active interest in the Centennial since its inception, and has lately been identified with the movement to establish a permanent Art Museum in Memorial Hall.

### Items.

—The Maharajah of Vezianagram has engaged an American lady to open a dispensary at Benares, exclusively for the benefit of native women; while the enlightened Sir Salar Jung has done the same thing in Hyderabad. Altogether the medical ladies appear to have more work on their hands than they can well do.

—At the seventeenth annual meeting of the New York Co., Medical Society, the following officers were elected:—*President*, Henry B. Sands; *Vice President*, Thomas Addis Emmett; *Recording Secretary*, Alfred E. M Purdy; *Corresponding Secretary*, F. A. Castle; *Treasurer*, H. P. Farnham; *Censors*, H. T. Hanks, C. W. Packard, T. T. Sabine, J. E. Janvrin, E. J. Janeway; *Delegate for three years, to fill vacancy*, T. Satterthwaite.

—In France, the Catholic party are preparing to establish schools, in competition with the present State Faculty: a sixth Government school will soon be erected at Lille, so as to satisfy the wants of the Northern districts. There are, already, five schools in existence, three of which are in full work—Paris. Montpellier, and Nancy—while the other two are preparing to open, namely, Bordeaux and Lyons

—What is called "the obstetric hand" appears on some ancient English coat-of-arms. The "obstetric hand" is a right hand, with the little and ring finger doubled down, and the fore and middle fingers extended, as if about to perform the act of examination, which the French call *toucher*.

—An old lady in Bridgeport, Conn., says she is one of the number born to ill luck. She has pasted nearly five thousand medical recipes in a book, during the past forty years, has never been sick a day in her life, and she is growing discouraged.

—The mortality among the children in the colony of Victoria, is said to be appalling.

### Personal.

—The great biennial prize of the French Academy has been given, with the necessary consent of all the other academies, to Dr. Paul Bert, Professor of Physiology at the Sorbonne, and a deputy in the National Assembly, for his labors and published work "On the Influence of Barometric Pressure on the Phenomena of Life."

—One of the most brilliant and distinguished professors of the Paris Faculty, Dr. Paul Lorain, suddenly ended this life, on the morning of October 25th.

—Professor Billroth's clinical assistant at Vienna, Dr. Gussenbauer, has been elected Professor of Surgery in the Belgian University of Liége.

—Dr. A. S. McDill, Superintendent of Wisconsin State Lunatic Asylum, died recently. He was a member of the Forty-third Congress.

—Paul Murphy, the celebrated chess player, is hopelessly insane.

## QUERIES AND REPLIES.

*Dr. T. F. N.*—The weight of the child whose measurements were reported by Dr. Blake, at the meeting of February 24th, 1875, of the New York Pathological Society, was, as nearly as possible 11¾ pounds.

*Dr. S. K., of Miss.*—We prefer not to give advice to individuals in this column.

## OBITUARY.

### JAMES H. ARMSBY, M. D.

A dispatch from Albany announces the sudden death, at his residence in that city, of Dr. James H. Armsby, Professor of Surgery in the Medical Department of Union College. Although slightly indisposed for a few days, Dr. Armsby attended to his duties as usual. He complained of a slight ailment about the chest, but lectured at the College on Thursday morning, on "Fractures." In the evening he spent some time at the residence of the late Judge Harris, where he became slightly chilled. He went home, and was occupied until 11 o'clock in writing. He then retired, and at 5 o'clock next morning called the family. At 6 o'clock he breathed his last.

## MARRIAGES.

BULLOCK—COLLINS.—In Brattleborough, Vt., on the 17th, ult., by Rev. W. H. Collins, Otis Bullock, M. D., and Miss Mary F. Collins, both of Warren, R. I.

THE

# MEDICAL AND SURGICAL REPORTER.

No. 981.] PHILADELPHIA, DEC. 18, 1875. [Vol. XXXIII.—No. 25.

## Original Department.

### Lecture.

### ABORTION.

DELIVERED BY PROF. WM. T. LUSK,

Professor of Obstetrics and Diseases of Women and Children, at Bellevue Hospital Medical College, October 25th, 1875.

II.

Gentlemen:—When the ovum has collapsed it requires a larger amount of blood to produce its expulsion. The nearer the blood is to the cervix, the less likely it is to produce abortion. The expulsion may occur in a few days, or in weeks or months. As to frequency of abortion, the statistics are doubtful, but Häger gives the proportion of one abortion to ten cases which complete the term of gestation. It is known to occur more frequently in the multipara than in the primipara.

*Symptoms.*—In the first place, we have hemorrhage. In the early part of pregnancy we have uncomfortable sensations in the region of the womb. Later, the pain approximates more closely to that attendant upon labor at maturity. When these pains have gone on for a time, the cervix dilates, the os internum opening first, and then the os externum, until, finally, the ovum drops into the vagina. The ovum may be expelled first and the decidua afterwards. The decidua and the ovum may come away together. Retained portions of the decidua give rise to hemorrhage, which continues after the ovum is expelled. When expelled during the first two months, the ovum is usually entire. Still, rupture of the membranes may occur even n the first two months, and be followed by the escape of the embryo, in which case the decidua is expelled afterwards with the membranes, as at full term.

*Diagnosis.*—In the first month, of course, no diagnosis can be made until one period has been passed; and even then, we cannot positively assert its existence; but we have always, in every case in which a woman has passed over a period, to consider the possibility of pregnancy. If we are undecided, we can wait. After the first month, the ordinary signs will usually enable us to decide the question of pregnancy. The hemorrhage, pain, and dilatation of the cervix, would be the signs of threatened abortion. Sometimes it is impossible to distinguish a portion of retained ovum, surrounded by coagulated blood, from a small polypus projecting from the cervix uteri.

*Prognosis.*—This, so far as the child is concerned, is, of course, wholly bad. It is only in cases where there is hope of arresting threatening abortion that there can be any question of prognosis with reference to the child. As far as the mother is concerned, an abortion is never a matter of indifference, because of the dangers ensuing from hemorrhage, from retention of the ovum, from decomposition of the ovum, and resulting septicæmia, from inflammation following the abortion, and from the retarded involution, which is characteristic after abortion. It is not at all uncommon for uterine displacements to grow out of sub-involution.

*Treatment: Prophylaxis.*—First, in cases of metritis. In the beginning of pregnancy, we have always hypertrophy of the uterine mucous membrane. Where the membrane has been previously in a morbid condition, there is apt to

be, as we have already noted, an undue dilatation, and thinning of the walls of the vessels, which thus are predisposed to rupture. Again, we have mentioned cases of abortion from syphilis. Syphilis may exist in the mother, in the father, or in both parents. In cases of syphilis in the mother, we have gummy growths forming in the maternal portion of the placenta, which compress the villosities and cut off the circulation from the fœtus; and, as a result, the embryo dies. When the ovum is infected by the father, either the embryo perishes first, or the villi become diseased, and the contained vessels are obliterated; so that, in any cases of syphilis, abortion generally results from the death of the embryo, the expulsion following at a subsequent period. The prevention of habitual abortion in such cases would require, therefore, treatment of the metritis, or where there is syphilis, in putting one or both the parents upon an anti-syphilitic course.

There are many cases in which the recurrence of abortion is attributed to pregnancies following one another too rapidly, in which the uterine mucous membrane has no time allowed it to undergo ordinary repairs before it is called upon to furnish lodgings to a new ovum. Here absolute suspension of marital intercourse should be temporarily enjoined.

Anteversion of the uterus may give rise to sterility; but if pregnancy does take place, and the lining of the uterus is healthy, as time goes on, the displacement generally disappears of itself, without causing abortion.

Where retroversion and retroflexion exist, however, patients are predisposed to abort, owing to an undue congestion of the vessels, produced by interference in the return of the venous circulation. If a patient has aborted from this cause, we ought to reposit the uterus as soon as we can after abortion, and before the woman has left her bed; and so soon as the vaginal tenderness will admit, an attempt should be made to retain the uterus in place, by means of a Hodge's pessary. In cases of abortion, involution is very slow, because the muscular fibres are short, and, as a necessary result, in contracting they do not exercise the same compression on the blood-vessels, with the cutting off of the blood supply that follows parturition at full term, and which is the direct cause of the fatty degeneration of the muscular fibres, which constitutes the most important feature in the process of involution.

In cases of backward displacement of the uterus, the interference in the circulation, from the position of the organ, still further tends to arrest these retrograde changes, so that the replacement of the uterus is to be attempted, with a view to promote the return of the organ to a normal condition. Even while the woman is pregnant, it is proper, when a predisposition to abortion exists, to try and replace the uterus carefully, and then, to keep it in position by a pessary, during the first four months of gestation. After that length of time, the elevation of the uterus out of the pelvic cavity renders a further employment of pessaries unnecessary. A prolapsed uterus, in case pregnancy has taken place, should likewise be replaced and held in position, if possible, with a suitable pessary.

Sub-mucous fibroid tumors encroach so much on the cavity of the uterus, that they become a cause of abortion from the lack of space they occasion, as much as from the attendant disease of the uterine mucous membrane. In intra-mural fibroids, abortion results chiefly from the latter cause. Neither of these forms are amenable to treatment. The only cases in which our interference is likely to be of service, are those in which a small sub-peritoneal fibroid, situated in the posterior wall of the uterus, produces the retroversion. Then, by the replacement of the uterus, and its retention in place by a pessary, we may enable the woman to become pregnant, and pass through the period of utero-gestation.

Protracted nursing is to be deprecated. I often see women come into the dispensary department of the Hospital, who say they know they are pregnant, and yet continue to nurse their babies to keep them quiet, or they have been advised by doctors not to wean their infants, because the latter, at the time, happened to be cutting their teeth. Lactation after pregnancy should be stopped, both because it may provoke abortion, and in the interests of the nursing child. A child never thrives when nursing from a pregnant woman.

In patients who habitually abort, and in whom no objective reason for abortion can be detected, you may give, as medicine, the chlorate of potash, in twenty-grain doses, three times a day. As to the efficacy of this medicine, I am unable to speak positively; for while I have seen women who have had abortion after abortion go on to full term after giving chlorate of potash, I have seen the same thing

when no potash has been given, and have often known the potash to fail.

In cases of threatened abortion, we have first to determine whether its arrest is practicable. When we find the ovum already in the vagina, or in the cervix, the case may be regarded as past redemption. Even when the ovum is at the os internum, if the cervix is so far dilated that the finger can reach the ovum, the chances of checking the abortion are very small. There is no use in trying to prevent abortion, if you find, in the examination of the clots discharged, any portions of the ovum. Our prognosis is more favorable when the amount of hemorrhage is small; but there are some striking exceptions to this rule, so that quantity does not guide us much in deciding as to the expediency of employing means to arrest abortion. But we should certainly try to check the abortion, if the cervix is still closed, and no portions of ovum can be detected upon examination.

If abortion is threatened, you make your examination; and if you find the uterus displaced, begin by replacing the uterus. See to it that the patient is kept perfectly quiet. It is easy to see that, even where the hemorrhage has been checked, any sudden movement of the body may detach the coagulum in the exposed vessels, and, as a consequence, the hemorrhage breaks out afresh. The mind should be in a state of repose: for you know that in mental excitement there is a special tendency to congestion of the weakest organ.

As it is not always easy to enforce repose of mind, it may be necessary to administer morphia to allay the patient's excitability. Morphia likewise acts favorably in diminishing pain, and by controlling to some extent the contractions of the uterus. Acids may be administered in cases where it is desirable to give something as a placebo. The patient should be kept quiet three or four days after the flow has entirely ceased.

In cases where all hope of saving the ovum has been abandoned, we have to bear in mind that if, in the first two months of pregnancy, the ovum is unruptured, hemorrhage is not dangerous. In the third month, likewise, the hemorrhage is not likely to be very excessive, for the ovum from the first nearly fills the cavity of the uterus, and the blood coagulates between the membranes and the uterine walls. Afterwards, as the ovum descends, it plugs the cervix and forms a tampon, checking the hemorrhage, or restraining it so that it is moderate in amount. Treatment, therefore, is rarely necessary. Wash out the vagina, and keep it clean.

In primiparæ the ovum is sometimes long retained, owing to the tardy dilatation of the os externum, In such cases it is often possible, by making a rotatory movement with a finger, to dilate the os, and thus open a passage for the ovum. When the ovum comes away, it is generally expelled with the decidua vera and decidua reflexa. Where the ovum is retained after the escape of the liquor amnii, negative pressure is developed in the uterus, and hemorrhage results. With the escape of the fluid the fœtus is brought away.

If, called to see cases of this kind, we find our patient suffering from excessive loss of blood, we should at once resort to the tampon. The best method of tamponing, where it can be done properly, is to dilate the vagina with Sims' speculum, and pack around the cervix pieces of damp cotton, and afterwards carefully and methodically fill the vagina. The method recommended by Dr. Sims is unsurpassed in efficiency. Dr. J. E. Taylor recommends filling the vagina with a surgical bandage, which likewise renders excellent service. Where called in a hurry, and arriving at the bedside unprepared, use anything that is at hand. Seifert once snatched an apron from one of the nurses and crowded it into the vagina. Before introducing the tampon, it is always best first to remove all clots, and wash out the vagina with tepid water. After the hemorrhage is checked, if the patient is cold or collapsed, administer small and frequently repeated doses of brandy to bring up the pulse and restore the circulation. Ergot is useful, but where the stomach is at all irritable, the patient is pretty sure to vomit it up. Therefore, if we wish to get its effect, we must use it subcutaneously. Two parts of ergotin are soluble in five parts each of glycerine and water. We can administer, by means of this solution, hypodermically, four or five grains at a time. Thus we save the patient's stomach.

Do not apply cold externally. The patient has enough to depress her already, without placing damp cloths over her abdomen. Even on theoretical grounds, it is questionable whether the hemorrhage is not rather promoted thereby, by driving the blood into the internal organs. The chief objection to it, however,

lies in the fact that it chills a patient who is already suffering from shock.

The tampon ought not to be allowed to remain in the vagina over twelve hours at one time; then it should be removed, and the vagina once more should be carefully washed out. An examination should be made to determine the position of the ovum, the degree of dilatation of the cervix, etc. If the ovum has descended into the cervical canal, a second tampon will probably suffice for its expulsion.

Generally, it is not safe to continue the tampon after the third day—that is the longest time. Meantime it should be changed every twelve hours. Decomposition of the retained blood is one of the inevitable evils of the tampon; we have, then, to guard against the pernicious effects of this decomposition, by washing out the vagina each time the tampon is changed; but at the end of the third day, there is always great danger of septic material creeping up the cervical canal and reaching the ovum, and thus giving rise to dangerous symptoms. Certainly, in no case ought the removal of the ovum to be postponed after three days have expired, To remove the ovum, one hand should be placed externally over the uterus, while the index-finger of the other hand is passed up into the cervix. Then press the uterus down over your finger, which should make, at the same time, rotary movement. When the os internum is reached, wait a little while, because the os internum often offers resistance at first to the advance of the finger; but if the finger is kept there, the os internum gradually yields. Then push the finger into the uterus, above the ovum; and as the finger is withdrawn, the ovum comes away of itself. When the ovum has been brought away, examine it carefully, to see if anything has been left behind. Also introduce the finger, and see if there is any attached portion to be felt, in which case scrape it off. Wash out the cavity of the uterus with tepid water, to which it is well to add carbolic acid, in the proportion of ʒj to Oj. After the removal of the ovum the hemorrhage ceases.

In all cases, the removal of the ovum is greatly facilitated by placing the patient under the influence of an anæsthetic. Anæsthesia relaxes the abdominal muscles, and enables us, with ease, to crowd down the uterus, so that the cervix is brought very nearly to the vulva. Only remember, that when a woman has lost much blood, the irritability of the medulla oblongata is often very greatly lowered, and a very moderate degree of anæsthesia may suspend its functions altogether. Extreme care, therefore, is requisite in administering anæsthetics to anæmic patients. In excessive anæmia they should be dispensed with altogether.

## Communications.

### OXIDE OF SILVER IN LOCOMOTOR ATAXIA.

BY CHARLES CARTER, M.D.,

Resident Physician of the Northern Dispensary of Philadelphia.

Case 1.—I. G., aged 42, married, occupation watchman on a vessel, applied to the Dispensary for treatment, October 2, 1873. He complained principally of weakness of his lower limbs, frequent and shifting attacks of excruciating pain, and inability to hold his water. These troubles were ushered in suddenly, about seven years previously, by a severe attack of pain in the lower extremities. He had followed the water for many years, and attributed his ailment to exposure and rheumatism. No history of syphilis, sexual excess, or other cause, could be elicited. He stated that his limbs felt "heavy, stiff, and draggy," and had a sensation of walking on sponge; that his wife noticed an unsteadiness in his walk, before he was affected as described. A pricking sensation in fingers and toes was often present. He walked with a timid shuffling gait, by aid of a cane. There was no wasting of the muscles; reflex action upon tickling soles of the feet was nearly abolished, with almost complete loss of power to flex and extend the foot at ankle joint. He could not stand with his eyes closed, and was unable to go about at night. The neuralgic attacks of pain, as described by him, were frightful, and of a piercing, lancinating character, striking him suddenly, like lightning. It affected his face, upper extremities, stomach and lower extremities, but most generally in the right knee joint or lower part of thigh. It would recur two or three times in a week, and continue from twelve to twenty-four hours. He had a cachectic appearance, and an anxious expression. He was troubled very much with incontinence of urine and constipation. Virile power lost for the past six years. Pulse 92; all other functions apparently normal.

For six weeks he was treated with nitrate of silver, gr. one-third, three times daily, two weeks at a time, with two weeks' intermission.

A slight discoloration of the skin was evidently showing itself, either from the amount of nitrate given, or possibly by this remedy having been administered by one of his previous medical attendants. It was then changed to the oxide of silver, which is claimed to have no such effect (*vide* "Biddle's Materia Medica," fifth edition, page 141). Besides, the severe paroxysms of pain still continuing, though less frequent, it was determined to push the oxide to toleration, with the view of overcoming this distressing symptom. Commenced with half a grain, three times a day. Tonics and cod-liver oil, which had been previously prescribed, were continued. At the end of three weeks, one grain of the oxide was given three times a day, and thereafter the medicine was increased a grain every two weeks, until six grains, three times daily, was reached. Eight grains were then given three times a day, for a week, then ten grains for a week. I was now compelled to suspend the medicine, as he was taken with severe diarrhœa (probably not due to the medicine, as he had suffered from a similar attack before commencing the oxide). No other unpleasant symptoms or effects set in, and during all this period of seventeen weeks he had but three slight neuralgic seizures. The diarrhœa soon subsided, without treatment. His health and strength had greatly improved, had gained fifteen pounds, could walk with less fatigue, able to attend to his duties as watchman with more satisfaction, could look up to the rigging of the ship without external support, which he was unable to do before; reflex action; power to flex and extend feet now well marked; incontinence of urine disappeared, and the ground had a more solid feel. Pulse 84. The medicine was not resumed.

Three weeks after he complained of slight incontinence of urine, which was relieved by use of strychnia. My last note of his case is on October 18th, 1874, about four months later. He had continued free from pain, and from incontinence of urine. He regarded himself as well as ever, except the weakness of his lower limbs. He could go about the streets at night, but could not walk or stand with closed eyes.

Case 2 – C. R., age 39, married; came under observation at the Dispensary, May 23d, 1875. Three and a half years ago he first felt a weakness in the lower extremities. He has had chronic diarrhœa for the past four years, with only occasional relief by treatment. His previous health had been good. In the Spring of 1875 he removed from Delaware to this city, and soon after broke his leg. The diarrhœa abated during his treatment in hospital for the fracture; but after leaving, it gradually grew worse, as did also the weakness of his lower limbs, and resisted all treatment.

Present condition. Gait very unsteady, but walks very well by the aid of a cane. Cannot stand or walk with his eyes closed. Reflex action very much impaired. No wasting or flabbiness of the muscles of the lower limbs. Has occasional, but not very severe attacks of neuralgia in both lower extremities, shifting about from the great toe to the knee, never going above the knees; also cramps in lower limbs at night, sometimes several paroxysms. No incontinence of urine, but sexual desire abolished States that diarrhœa is severe, having about twelve passages daily; pulse 76, no evident emaciation. Prescribed half a grain of oxide of silver, three times a day, for the ataxia; and chalk mixture, astringents, opium and attention to diet, for the diarrhœa.

He soon recovered from the latter. In the middle of August, was free from all neuralgic pains, having continued the oxide in the same dose (which seemed sufficient to relieve this symptom) to that time.

October 8th, 1875. He has had no return of pain or diarrhœa. He has gained some power of coördination, as he can stand with closed eyes, though still unable to walk with them closed, and at night. The ataxia is evidently arrested. No discoloration of the skin has been produced by the oxide. A fair trial of the oxide of silver in these advanced cases, therefore, shows that it is able to control the neuralgic disorder, one of the most distressing symptoms of the ailment, and probably to arrest the further progress of the disease. It also holds out some promise as a remedy that will cure, if administered in the very earliest stages of ataxia.

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—One of the usual "investigations" has been going on, into alleged abuses at the Flatbush Lunatic Asylum. From the testimony, the sympathies of the lady complainants seem to have been prematurely roused.

# Hospital Reports.

## JEFFERSON MEDICAL COLLEGE.

CLINIC OF PROFESSOR GROSS, NOV. 6th, 1875.

REPORTED BY FRANK WOODBURY, M. D.

### Obscure Disease of Leg, Connected with Malarial Neuralgia.

Gentlemen.—This is a private patient of Professor W. H. Pancoast and myself, whose case is of so much interest that I requested him to come before the class. He is forty-eight years of age, and has been suffering for a considerable length of time with a peculiar affection of the inferior extremities, of which he gives the following account:—

Two years ago, the great toe and the two next adjoining it, of the left foot, became inflamed and painful, without their ever having received any injury, or his being able otherwise to account for it. After continuing for about six weeks in the original location, the disease began to migrate to other portions of the same foot, and a month and a half ago the little toe of the opposite foot became affected in a similar manner. The inflammation was subacute, and only once proceeded to suppuration, but it had been constant, and the pain, which was severe, seemed to have its point of greatest intensity located in the middle toe of the left foot; it was made worse by allowing the feet to hang down. Walking increased the discomfort and the discoloration of the limb, which, below the knee, was congested, but uniformly cold, and the foot was markedly atrophied.

The man comes from a strongly malarial region, where the paludal poison shows itself in various ways, such as neuralgia and rheumatism, beside the usual fevers. Having this fact in mind when he applied to me, about four weeks ago, we were led to regard this as a manifestation of the miasmatic poison in the form of a neuralgia of the vaso-motor nerves of the extremity, not the larger trunks, but the smaller nervous fibres, supplied to the vessels of the part by the sympathetic system. Applying the hand to its surface, I find that the limb is cold, as always is the case when the functions of an organ are impaired or destroyed; there is less nervous force sent to it, and a smaller supply of blood than in the normal condition, with correspondingly diminished molecular activity and development of heat; the temperature of the limb is several degrees lower than that of the body. Concurrent with this is a loss of fat by action of the absorbent vessels; the muscles are atrophied from impaired nutrition and lack of use, and the part naturally becomes wasted and cold. The general health of the patient was not very good when the treatment was instituted, three weeks ago (for he was in the city several days before it was systematically begun), but he is now much better, as is evident from the fact that he is vigorously chewing the Virginian weed, and seems to enjoy it. This I always regard as a good sign; when a man is very sick he generally loses his taste for tobacco.

In regard to the principles of the treatment, which the patient agreed to carry out faithfully, and has, indeed, heartily co-operated with, it was evident to us that it would be necessary to treat both symptoms and cause, both the part and the system. To the limb, we directed him to apply veratria ointment, of the strength of a drachm of the alkaloid to an ounce of simple cerate, of which, a piece the size of a cherry was to be well rubbed with the fingers, over the surface of the affected part, two or three times daily; in addition to this, the extremity was enveloped in a flannel bandage, to keep it warm and support the vessels. This ointment I have used for years as an anti-neuralgic application, with infinite advantage; in fact, the patient says that this and the bandage did it all, but I think that a large portion of the credit is due to the constitutional remedies; which were the fluid extract of ergot, hydrate of chloral, bromide of ammonium, and full doses of quinine, given with a view to its anti-neuralgic effect. The ergot was given for the purpose of imparting tone to the vessels of the skin and the parts below, for it may be accepted as demonstrated, that ergot acts specifically upon the muscular coat of the arterioles, and upon the blood. Langenbeck has even used it in cases of aneurism, and it is said, with good effect. This I scarcely believe, as I cannot see how small doses could possibly bring about such results; it may be so, but in mentioning it, I wish to express a doubt. The chloral and bromide were given to produce sleep and relieve pain.

He has been greatly benefited during the three weeks of treatment, and is certainly vastly improved. He sleeps well all night, and the capillary congestion of the limb is absent now, even when he walks about. To accomplish this good result I have not the slightest doubt that the bandage also aided. The pain is almost entirely gone, he has a good appetite, and feels like a different man.

### Hypospadias and Epispadias.

By a curious coincidence I operated yesterday upon a case of epispadias in a young man, and to-day this man of twenty-one comes here with hypospadias. The case of yesterday had an opening through which the urine was discharged upon the top of the penis, two inches behind the normal position of the meatus, which was impervious. The organ, when erected, was four and a half inches long, which was not so short as to debar the patient from matrimony, provided that it had been all in a straight line, but this was not the case, the penis was curved backward, so that the glans looked toward the pubes. To relieve this condition, which effectually prevented connection, I cut out a Λ-shaped section from the cavernous bodies, carefully dissecting off the skin from the part removed, and retaining it; by this means, I have no doubt he will obtain a useful organ.

In the patient before you, there is a defective

space in the urethra and spongy body, one and a quarter inch from the meatus, in which there is merely a sham opening, or cul-de sac. There is no trouble in micturition, as the urine passes freely from the inferior opening. This is a congenital malformation, and is of the same nature as those cases of hare-lip which you have lately seen me operate upon, or cleft palate, extrophy of the bladder, or bifid spine, that you will occasionally meet, all being related, and due to an arrest of development, with deformity from defective union in the middle line. The opening may exist anywhere in the continuity of the canal, and the urine even be discharged from the perineum. Hypospadias, in itself, is not an effectual bar to procreation, as I can recall a case that I saw, while a student in Dr. McClellan's office, in which the patient, a large negro, had such an opening far back in the course of the urethra, but, nevertheless, married and had eight children, and there was not the slightest reason for doubting the virtue of his wife or his paternity.

In this case, the organ bends downward when erect; it measures about four inches, which, though perhaps not a very good average, would be a fair length and enough for all purposes if straight, but curved either way, makes copulation impossible. If the patient consents, I will perform an operation similar to the one above described, and will endeavor to complete the urethra by a plastic operation at the next clinic day.

**Retention of Urine From Vesical Calculus.**

This man states that he has had a stoppage in his pipe for sixteen hours, meaning thereby, not his windpipe, but his urethra. He never received an injury in the part, nor has he suffered from venereal disease, not having been in the war. He has had more or less trouble in urinating for four months.

The inability to pass water may be due to a stricture of the urethra, in which case his denial of his having had venereal trouble must be retracted, as there are no signs of traumatism; for I have yet to see the first case of organic stricture of the urethra that was not the result of gonorrhœa or of external injury. Attempting to introduce a double curve, or self-retaining catheter, the kind used by Mr. Syme after the operation of perineal section, I find some obstruction at the neck of the bladder, which may be due to spasm. In ordinary spasmodic contraction, the water begins to run as soon as the instrument reaches the lowest point of the urethra, or approaches the bladder, while in the organic narrowing it is necessary to pass the constricted part before the urine will flow; in such a case you will always find that it is more difficult to get a hollow instrument through the stricture than it is to pass a solid one of steel, nickel-plated, which is generally used for sounding. Warming and oiling an instrument, such as I have mentioned, I find that it passes readily enough into the bladder, and that it grates against a rough surface after it gets there. Exchanging the sound for a catheter, a small quantity of apparently normal urine flows, and the same hard object as before is encountered, which evidently is a concretion of considerable size of whose existence, until now, this man was utterly unconscious. I shall at once, give him a hypodermic injection of one-quarter of a grain of morphia which will relieve the irritability of the bladder, and put it to sleep; we will decide upon the time and mode of operation for removing this calculus, after a consultation with the patient.

You may occasionally be called to attend a man of dissipated habits, who, while lying intoxicated and exposed around the streets, is seized with retention of urine. He has rigors, with great suffering, and the vesical cavity is full of water but he cannot pass a drop. He may have an inflammatory or organic contraction, to which a spasmodic stricture is superadded, caused by the irritation of the bladder by the strong drink; an accident that is quite likely to occur. A catheter goes a certain distance into the urethra, but no further; the man is in distress, beads of perspiration stand out on his brow; what can you do to relieve him? It often happens, in such cases, that if you will give your patient a quarter to a third of a grain of morphia hypodermically, order him a hot hip-bath, put him, warmly wrapped up, in bed, and give him a hot whisky toddy, you will so warm and relax the entire system, in a short time, that the urine will flow without the aid of a catheter; whereas, if its use had been persisted in at first, great mischief might have been done to the parts. In this way, serious damage to the urethra often has been committed, by rupture and the formation of false passages, that might easily have been avoided by this simple expedient.

**Dermoid Cyst of Eyebrow.**

This boy, of ten, has a small cystic tumor over the left eyebrow, which his mother says came there when he was three months old; but which, doubtless, existed three months earlier, and perhaps several months before that. This is one of those small, sebaceous cysts, of which you have recently seen several at this clinic, and which are always congenital and invariably contain hair.

In dissecting this out, the external incision is made in a line with the future wrinkles of the brow, so that the scar may not disfigure the patient, every particle of the wall of the cyst being then carefully removed. The only danger to be feared now is erysipelas, of which it is your duty to warn your patient after every operation, in order to relieve yourselves of responsibility in the event of such an occurrence, to induce his attendants to see that proper care is taken, requiring him to be kept quietly in his room, and not exposed to cold, for several days.

**Nævoid Growth on the Cheek.**

Several cases similar to this have been operated on this session, before you, but I

propose here to adopt another method, and, as the tumor is quite small in this infant, will excise it, in preference to transfixing its base with pins and strangulating it with a ligature, as in the previous cases. This will produce less of a scar than the other, but it is a delicate operation, only applicable when the growth is small; for it is very vascular, and in cutting around and into it there is considerable bleeding. This hemorrhage can be checked better with the twisted than by an interrupted suture, as it exerts pressure on the parts, and prevents further oozing. Beside this, no dressing will be needed, and the pin will be removed in two or three days, before it produces ulceration; the edges, in all probability, will unite by first intention. The scar will disappear almost entirely, in time, by the action of the absorbents, which will remove the lymph deposited in the surrounding structures after the operation, the cicatrices becoming almost invisible as the infant reaches adult life.

### Necrosis of the Tibia.

You notice, at once, the great disparity between the bones of the right and those of the left limb in this boy, who is five years old, and has reputed healthy parents. The tibia of the right limb is an inch and a quarter longer than the left, and is very much thickened; there is enlargement also of the fibula, just above the ankle, and the joint is stiffened. In the skin may be noticed three or four little papules, which are sometimes called cloacæ, from their resemblance to a bird's anus, and are formed by unhealthy granulations at the mouth of a sinus; they always denote the existence of carious or necrosed bone.

The patient has not had much pain at any time in the course of the disease, which has existed eighteen months, and came on without known injury to the part. He had a severe attack of measles six months before the trouble in the bones began; which appeared in the spring, and may have been connected with suppression of the functions of the skin, by cold.

Cutting down upon the diseased structures, after the blood has been emptied from the limb by the elastic bandage and the patient brought under the influence of chloroform, I find that the necrosed portion is imprisoned in healthy bone. This often occurs. From some cause the shaft of the bone dies, and new osseous tissue is deposited around the old, forming a shell, in which the dead portion becomes incarcerated; it is loose, but lies in a cavity, from which it may gradually escape by a tedious process of disintegration, or be removed by the surgeon. It is impossible, in such a case, to say exactly what induced this disease, which has evidently been an osteo-myelitis, or inflammation of the periosteum, bone, and medulla, sufficiently severe to cause the death of the diaphysis. My opinions are, perhaps, a little peculiar on this point, and for this reason I have been rather severely handled, but I cannot help expressing my conviction that this is due to a constitutional taint, from an inherited disease, and a remote out growth of the syphilitic poison. The fact that we cannot always trace it to its origin certainly does not invalidate the conclusion.

It was necessary to make quite a large opening in the new bone, in order to get at the sequester, which was removed in several pieces. The child ought to have been operated upon a long time ago, and put on appropriate treatment. As an alterative, I prefer the iodide of sodium to the potassium, and if to this should be added a small quantity of corrosive sublimate in combination with the syrup of the iodide of iron, it would make a good prescription for such a case.

Operations to remove carious or necrosed bone are always tedious if properly performed; any one can cut down and scrape the bone, but unless it is carefully done, and all the dead part removed, the effort will not be attended by success; a small piece the size of a split pea will be sufficient to keep up constant irritation and discharge; even with the greatest care a subsequent operation is sometimes necessary.

As the parts are hard and dense, from being infiltrated by inflammatory deposit, there will consequently be a liability to hemorrhage, as the mouths of the vessels are held open by the surrounding structures when divided, and cannot retract into the neighboring soft tissues, as in the natural state of the parts. Wherever there is a sinus, whether from abscess in the mammary gland, fistule of the anus, or elsewhere, you will find this infiltrated condition of the surrounding cellular substance, and this tendency to bleed after section.

The opening in the bone is now well washed out with a syringe, to remove any detritus, and oozing may be checked by packing the wound with styptic cotton. The patient will be kept at rest in bed, on nourishing food and milk-punch, with anodynes, as they are needed. The limb must be kept elevated and wrapped up in a solution of acetate of lead and opium:—

| | | | |
|---|---|---|---|
| R. | Plumbi acetatis, | ℥j | |
| | Pulv. opii, | ʒj | |
| | Aquæ, | Oij. | M. |

Ft. lotio.

### Dangers of Apomorphia.

Dr. Prevost, of Geneva, reports a case in which he injected subcutaneously 3 or 4 milligrammes of apomorphia in a woman suffering from sore throat, with gastric disturbance. A state of collapse tending to syncope was produced, which continued for fifteen or twenty minutes, during which the pulse could scarcely be felt, and the pupils were dilated. In this instance the customary vomiting was established at the end of five minutes, and was repeated several times. The patient fell into a deep sleep, which lasted for about half an hour after the period of collapse. Several equally threatening cases have been reported by others.

# Editorial Department.

## Periscope.

### The "Antiseptic System."

As Professor Lister's "antiseptic system" seems to have captivated some American surgeons, we are induced to extract some remarks on it by Dr. George Thomson, surgeon to the Oldham Infirmary. They are given in the London *Medical Times and Gazette*, November 6.

"The antiseptic system in surgery as practiced by Professor Lister and his followers, is based upon the supposition that there exist in the atmosphere great numbers of minute germs, which, when admitted to wounded tissues, give rise to putrefactive changes. This is, in a word, the panspermic theory of Pasteur and others; for the processes of fermentation and putrefaction are held by Lister to be alike originated by these germs, which give origin, as he imagines, to the bacterial and allied organisms, the development of which is assumed to be essential to the occurrence of putrefactive change. An absolute belief in the omnipresence and omnipotence of these germs has been, until recently, insisted on by Professor Lister as indispensable to success; and, indeed, the suggestion lately made by him, that it is possible for those who hold the physico-chemical theory of fermentation to adopt his system in its entirety upon that basis, really yields no inch of the ground he had previously taken, inasmuch as the obvious inference to be drawn is, that they will hit the mark, not in consequence of their belief, but in spite of it.

All the numerous devices and appliances in use among antiseptic surgeons have two ends in view, viz.—firstly, the entire exclusion of all these septic germs from wounded surfaces; and secondly, the destruction of all germs that may have already gained admission. In order to attain the first of these objects, it is attempted to surround the wounds with what is termed an antiseptic atmosphere, which means, during the performance of operations and dressings, a cloud of spray containing carbolic acid, and at other times, the careful covering over of the wound with some substance impregnated with an antiseptic—generally carbolic acid. These dressings are applied with various details, the chief objects of which, are to protect the wounded surface from direct irritation by contact with the antiseptic substance in use, and to prevent the discharges soaking through the dressings, and coming in contact with the external air, thus forming a direct channel for the admission of the dreaded germs. The second object is said to be effected by the application of a tolerably strong solution of an antiseptic, such as carbolic acid, or chloride of zinc, to the tissues that have been injured or exposed. Of such importance are these precautions deemed, that during an operation, if the surgeon's knife, or even his finger, be extended for a moment beyond the charmed margin of the cloud of spray, it has to be carefully rendered antiseptic by being dipped in an antiseptic lotion before it can be again approximated to the wound; while we find Professor Lister asserting that, "there are cases in which the slipping of a single pin, might, by allowing the dressing to shift its place, endanger the life of a patient." It will readily be seen that antiseptic precautions are capable of an indefinite number of refinements, and present, by their possible omission in unguarded moments, ever-recurring loop-holes to account for the absence of the desired result. When, however, these precautions are carried out in all their details, it is claimed by Professor Lister, and others, that the results are of the most brilliant character. Not only is constitutional disturbance, after severe injuries, very much diminished, but putrefaction may be entirely prevented, and, as a consequence, suppuration much diminished, and all the complications most dreaded by surgeons, such as erysipelas and pyæmia, entirely got rid of and set at defiance. All this, if I mistake not, was claimed absolutely by Professor Lister at least six or seven years since, and is undoubtedly claimed by him as a certain result at the present moment.

Unfortunately for the system under consideration, the theory on which it is based is open to objections of a kind so serious, that it may be questioned whether it has any scientific value whatever. The most that can be said for Professor Lister's hypothetical germs is, that if they exist, they are in such an impalpable form as to be impossible of detection by any known means of observation. On the other hand, those low organisms of a palpable kind, which are looked on by antiseptic surgeons as the essential accompaniments of putrefactive changes, and the consequences of the admission of the invisible germs, are, it is now pretty generally admitted, to be found within the body in situations which preclude any possibility of immediate contamination from without, and may even be introduced into the circulation without apparent injury. Damaging to the antiseptic system as these considerations appear, they are rendered doubly so by the support they receive from the results of clinical observation. In the treatment of wounds of any kind, provided that the general conditions favorable to healthy action are secured, it must be conceded, even by the most enthusiastic of antiseptic surgeons, that fairly good results are obtained without the aid of antiseptic precautions. Assuming the germ theory to be correct, it is difficult to see how this should be the rule and

not the exception, more especially where the wounds are treated under precisely opposite conditions, so far as antiseptic precautions go. And yet many surgeons of repute claim to have obtained excellent results by freely exposing wounded surfaces to the air, and treating them, throughout, without any dressing at all. It is scarcely necessary to point out that the presence of germs, in great numbers, in the air, would be a fruitful source of danger at all times, with such facilities for gaining admission to the human body as are presented by the mucous tracts; while it is difficult to see how any woman could escape their baleful influence after parturition, when the tempting surface of the uterine cavity is exposed to their attack, especially when aided, as Nunneley expressed it, by an "accompanying obstetric hand." It would be easy to multiply such objections as these, were it necessary to go further in attacking a theory which is so destitute of evidence in its support.

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### A Case of Malarious Hematuria.

Dr. C. R. Francis, M.B., Surgeon-General Bengal Army, reports the following case in the London *Medical Times and Gazette*:—

Paroxysmal hematuria has formed the subject of some discussion in the medical journals during the past few years, but it seems to be now generally admitted that the disease is usually of malarious origin; quinine, with or without iron, being the staple of treatment. In the following case, which came under my observation recently in India, although the hematuria was not paroxysmal, malaria was evidently the *fons et origo mali*. The patient, a male European infant at the breast, and about four months old at the time of the attack, became feverish on March 29, 1873. The child's complexion was habitually very pale, and his temperament eminently nervous—inheritances from his father; but, up to the above date, his health has been uninterruptedly good. The fever, which assumed the characters of a somewhat irregular intermittent, subsided shortly after midnight, but returned the following evening. It thus continued, with varying severity and more or less irregularity, till April 9, when the high color of the urine attracted attention. On the 14th, this high color had greatly increased. Between these two dates the urine had soaked into the napkins in the ordinary way; but on the latter date, at the request of the medical officer in attendance, it was voided (with evident suffering) into an eight-ounce measure-glass.

The secretion, which emitted little or no smell of urine, looked like pure blood, and soon separated into two distinct portions—a dark-red deposit, and a clear supernatant fluid resembling liquor sanguinis. On putting some of the deposit under the microscope, large quantities of (apparently) crystals of oxalate of lime were seen, with urates, and entire red corpuscles mixed with what was no doubt the *débris* of others. Owing to a singular oversight the liquor was not tested with the care with which it might have been. It would, doubtless, have been found full of albumen. The child was now, as may be supposed, very weak.

The attack being (presumably) malarious, it was decided to give quinine in full doses to the mother, this being considered a safer course than administering so powerful a drug direct to so young an infant, whose stomach was, moreover, very irritable. Five grains were, therefore, prescribed, to be taken in the evening, in anticipation of the expected paroxysm. Ten grains were given in five-grain doses on the following day, and repeated daily till the 17th, when, improvement having taken place, the doses were reduced. Gallic acid was added to the first three doses of quinine, but was then discontinued, as the infant was griped, and there was no amelioration. No decided change occurred in the urine until twenty-five grains of quinine had been taken. Then the napkins were decidedly lighter; and from this time the renal secretion was rapidly restored to its normal condition.

On the 18th it was quite natural, and the fever had (for the nonce) altogether disappeared.

The child remained weakly for some weeks (and even months) afterwards, and symptoms of fever showed themselves occasionally; but quinine, taken by the mother, always arrested the attacks.

On May 12, rather extensive discolorations (from purpura) appeared on an arm and a leg, and more slightly on the trunk. These, too, yielded to quinine and tonics.

The little patient remained under my observation till September, 1874, when I left the station. During that period his health varied. For a few weeks together he would, apparently, be quite well; then, under irritation from teething, feverishness or diarrhœa would throw him back; but the abnormal condition of the urine never returned.

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### The Prophylaxis of Diphtheria.

Dr. J. L. Smith says, on this subject, in the American *Journal of Obstetrics*:—

When diphtheria is prevalent, indisposition on the part of a child, and especially febrile symptoms, or defluxion from the nostrils, should at once arrest attention. Although there is no complaint of soreness of the throat, the fauces should be carefully inspected, and if they seem too red, frequent gargling with one of the chlorates should be prescribed; or if the patient is too young to gargle, he may swallow the solution, care being taken that the quantity swallowed does not exceed from two to four grains, every hour, or second hour. If the redness be considerable, and especially if a little whitish substance, whether a secretion or exudation, appear in the depressions over the tonsils, it is safer, in addition to the use of the chlorate, to brush the fauces with the carbolic acid mixture, presently to be described, two or three times daily, or oftener.

If diphtheria occur in a family, not only is prompt isolation from the other children imperatively required, but the fauces of these children should be examined daily, and if the least evidence of inflammation appear, the treatment recommended above should be immediately employed. By such precautionary measures, there can be little doubt that much of the diphtheria which is now so fatal might be prevented.

Does quinine exert, in any way, or to any extent, a controlling influence over the diphtheritic virus? My observations do not enable me to give a positive answer. I can, however, recall to mind a few instances in which children who had been exposed to diphtheria from its presence in the family, took quinine in moderate doses, each day, as a preventive, and although the disease appeared in them after a few days, its type was mild, while I recollect no instance in which the malady, occurring under such circumstances, was severe. I, therefore, think favorably of the use of quinine as a preventive in children, who are so exposed to the diphtheritic virus that there is a strong probability that they will contract the malady, although I believe it is not so important or necessary as a strict surveillance of the state of the fauces, and the employment of topical remedies, as directed above.

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**Indications for the Forceps.**

In the *Transactions* of the Medical Society of West Virginia, Dr. Wesley H. Sharp says:—

After a careful review of this subject, there may be the following indications for the use of this instrument, given in cases of non-natural labor. 1st. Where there is slight contraction of the superior straits; in cases of hemorrhage and convulsions; in some cases of rigid os uteri; when membranes have ruptured and slight dilatation has taken place, other remedies failing; and in natural labor, where there is no progress of the head through the pelvic straits, from any of the following reasons: 1st. Where the pains are irregular, from uterine debility, there not being sufficient *vis a tergo* to compel the head to advance. 2d. Where there is such rigidity of the soft tissues of the vagina and perineum, especially in primiparæ, as to offer too great resistance for the uterine forces to overcome, except at great expense of the mother's vital forces. 3d. Where there is such constitutional disease on part of the mother as to render it very desirable to husband her strength as much as possible. 4th. Where this resistance is caused by disproportion between the fœtal head and pelvic passages, by excess of the former, especially as likely to attend male births. 5th. Where there is uterine debility, caused by exhaustion following long-continued uterine action, such as we often see in cases of protracted labor, which have been in the hands of our "old women," or midwives. 6th. In cases of tonic contractions of the uterus upon the fœtus, such as often follow the use of ergot; in these cases, especially, for the sake of the child. 7th. In some cases, especially in country practice, to save delay for the physician (who is expected to remain with his patient until labor is over). 8th. In some cases of mal-position, where other means fail.

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**Gelseminum Sempervirens as a Remedy for Cough.**

Dr. J. Roberts Thomson, M.D., M.R.C.P., physician to the National Sanatorium for Consumption and Diseases of the Chest, Bournemouth, writes to the *British Medical Journal*:—No symptom in pulmonary complaints more frequently calls for treatment than cough. The skill and the resources of the physician are alike taxed by its persistency or its severity, by the failure of medicines to relieve, or by the intolerance of remedies by the patient. In most cases, this symptom is so urgent and so harassing, that we must treat it. For this purpose, I believe we have in *Gelseminum sempervirens* a very valuable addition to our armamentarium. Of late, this drug has received some attention in this country, with reference to its action in nervous affections, but, so far as I know, little has been said with regard to its use in cough. I have administered it recently to a large number of patients suffering from pulmonary disease, as a cough sedative. The following cases will illustrate the results which have been obtained.

E. N., a young lady, aged 21, had a large vomica at the apex of the left lung. The rest of that lung was dull on percussion. Respiration was bronchial, and there was coarse crepitation both with inspiration and with expiration. The vocal resonance was broncophonic. The upper lobe of the right lung was also the seat of limited softening. There was much troublesome cough, with copious expectoration. Tincture of gelseminum was administered in five-minim doses; this gave very great relief to the cough, which was most marked towards evening, the time at which the cough was most troublesome. The patient expressed great faith in the remedy, and preferred it to any other sedatives, of which she had a great many. No bad effects were observed from its use. There was no nausea or sickness produced, and the appetite was not impaired.

N. T., a married lady, aged 30, had dullness on percussion over the upper half of the left upper lobe. Over the area of dullness there were bronchial breathing, fine crepitation, and bronchophony. She had a very irritable and spasmodic cough. The expectoration was very slight, and muco-purulent. Eight-minim doses of tincture of gelseminum produced marked relief of both hacking and spasmodic cough. No unpleasant effect was produced by the remedy.

J. M., an unmarried woman, aged 26, had chronic phthisis in the second stage, over the whole of the left lung and the upper half of the right. She had an extremely irritable cough, especially in the night, which did not yield to any of the usual sedatives. Five-minim doses

of tincture of gelseminum gave very great relief, and enabled the patient to get a fair amount of sleep.

J. H., an unmarried man, aged 35, had chronic phthisis in the third stage, in the right lung. The deposit was scattered all over the left lung. His cough was very troublesome Little relief was obtained from the usual remedies. Five-minim doses of tincture of gelseminum proved most useful in checking the cough. No unpleasant effects were noticed.

E. M., a young lady, aged 24, had congestion of the left apex, trachea, and larynx, and an excessively irritable cough, resisting all remedies, general or local. Tincture of gelseminum in five-minim doses, combined with syrup of codeia, gave great relief.

J. G , an unmarried lady, aged 32, was subject to severe attacks of spasmodic asthma. Her attacks usually yielded best to bromide of potassium with belladonna: to this tincture of gelseminum was added, and the attacks were markedly much milder, and of shorter duration. No unpleasant effects were observed.

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### Therapeutical Use of Anilin.

In the Pacific *Medical and Surgical Journal*, Dr. H. M. Fiske states that Dr. Justin, of Marseilles, finds anilin a valuable remedy in chorea.

In one case the physician had given iron, quinine, and strychnia, valerian, and the multitude of remedies usually prescribed in such cases. But the spasmodic movements grew worse instead of better, and, in despair, he consulted Dr. Justin. On being brought into his presence in an invalid's chair, he noticed the general cachetic and dreary appearance of the countenance, as indicating tuberculosis, and muscular degeneration, common in the youth of that sunny clime.

The spasmodic movements were so great that she could hardly be retained in her chair, the least air or disturbance renewing them. He bethought himself of anilin, as one of the products of the coal tar, and gave it in one-grain doses, four times a day, in pills, in connection with extract gentian, directing the patient's bowels to be kept open with a pill, made after the following formula, one which he had found very useful in chronic constipation of adults:

| | | | |
|---|---|---|---|
| R. | Nit. bismuth, | grs.xx | |
| | Sulph. alumini, | grs.xxx | |
| | Ext. gentianæ, | q. s. | M. |

Ft. pil. xx.
Sig. One night and morning.

These were given so long as the constipation lasted, which was about two weeks.

The anilin, at first, produced a little nausea, which soon subsided. After the fourth day of treatment it was continued with camphor, made into pills, one grain each. In two weeks the case was cured. Dr. Justin reports several cases in which like results followed. Dr. Peter Jones, of Terra Haute, Indiana, has also used it, with like success, in several cases, notably one which had continued for fifteen years. Dr. Aaron Wilson, of Nachitoches, has also used it, especially among the negro population, and with marked success. It is best to commence with half-grain doses of the medicine, gradually increasing, till two grains are given for a dose. Of the sulphate, three or four grains, gradually increased to eight or ten grains, may be used. It frequently produces a blueness of the skin, which soon passes away, and need not create any alarm.

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### A Plaster to Arrest Post-partum Hemorrhage.

Dr. P. Boyce writes to the October number of the Virginia *Medical Monthly*:—

Some years ago I had a case of post-partum hemorrhage, which, notwithstanding my best directed efforts, seemed to threaten the life of my patient, when an "old woman" told me to take the "white of an egg and mix with it enough alum to form a plaster, and place on her back, close above the hips," which, I must say, to my surprise, checked the bleeding immediately. Since then, I have tried it in eighteen cases, and have found it to work like a charm, almost without a failure. I believe the above will prove of great value in the hands of the profession, while it possesses the advantage of not standing in the way of the treatment of the patient by other remedies at the same time. Many will laugh at such a prescription, and I do not attempt an explanation of its *modus operandi*. But, as amusing as it may seem, or as unscientific as the prescription may be, I yet know it does good.

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### Professor Verneuil on the Influence of the Liver on Traumatic Lesions.

At the recent Medical Congress held at Brussels, Professor Verneuil read an interesting note (published in the *Gazette Hebd.*, October 8) on "The Influence exerted by prior Lesions of the Liver on the progress of Traumatic Lesions." He proposed, he said, to demonstrate that wounds and operations in the subjects of an affection of the liver are often followed by grave consequences. This idea, which he brought before a former Congress, in 1867, and which some of his pupils have since illustrated, was first suggested to him by the perusal of a remarkable paper published by Dr. Norman Chevers, in 1845, which has excited too little attention. Chevers has proved to demonstration, as regards renal affections, that they exert a most unfavorable influence on traumatic lesions, stating, at the same time, that he possessed only imperfect data concerning the influence of the liver and spleen. The numerous facts that have come under M. Verneuil's notice enable him to state that the liver exerts as unfavorable an influence as the kidney. The three points to be noted are, the hepatic lesion anterior to the accidental or surgical wound, the nature of this wound itself, and the kind of accidents that ensue. M. Verneuil has met

with—first, most of the affections of the liver (cirrhosis, steatosis, waxy or amyloid degeneration, old perihepatitis, secondary neoplastic deposits, biliary gravel, and hydatid cysts); secondly, with a great variety of surgical lesions as regards seat, extent, and gravity (compound fractures of the leg, fractures of the cranium, amputations of the thigh and leg, excision of the hip, kelotomy, fistula in ano, paracentesis, ablation of tumors, etc.); and thirdly, with nearly every traumatic complication (hemorrhage, diffuse inflammation, septicæmia, pyæmia, etc.).

In face of this triple enumeration, M. Verneuil has put the question to himself, whether a given hepatic affection corresponds to a determinate accident, or whether a wound received by a sufferer from hepatic disease engenders any complication in preference to others. As far as his experience has gone, he has found that any lesion of the liver is able, on the occasion of any kind of wound, to provoke indifferently one or other of the accidents enumerated above; and that, reciprocally, any of these accidents may exhibit themselves in all hepatic patients the subjects of wounds. In the meantime, awaiting more precise knowledge, he thinks that it is still very useful to be aware that in these cases, the traumatic centre has a chance of giving rise to an early or late hemorrhage, or of being invaded by phlegmon or gangrene, and also to know that intense and rapid phlegmasiæ may become developed in the liver itself, or in the organs that surround it.

### Hot Water in Surgery.

The New York *Medical Journal* states that, in Bellevue Hospital, hot water has, within the past few months, been used in the treatment of some injuries, with marvelous results. We extract the following examples:—

The water in the bath varies from 100° to 105° Fahr., and is changed as soon as it falls below this. An additional advantage is obtained by the change of the water, as any discharge which forms is removed.

*Compound Comminuted Fracture of Metacarpal Bones.*—The patient was engaged in a machine shop, and while his hand was upon the anvil of a trip hammer, the hammer—weighing seven hundred pounds—fell. It so happened that a file was on the anvil, and in this way the force of the hammer was arrested about half an inch before it reached its bed. When the hand was examined, it was found that the whole of the palm was a mass of pulp. The metacarpal bones were comminuted extensively, and there was apparently but small chance of saving the hand. It was, however, placed in hot water, and kept there for two or three weeks; and, at the end of that time, taken out and dressed. In three months the patient was sufficiently well to leave the hospital, and at present—nine months since the accident—he is able to move the fingers, and has a useful hand.

*Compound Dislocation of the Ankle Joint.*—The second case was one of compound dislocation of the ankle joint, in which the proximal end of the first metatarsal bone protruded from the foot. The dislocation was reduced, and the foot placed in hot water. At the end of a week it was taken out and dressed in the ordinary manner. At the present time the foot is doing well, and promises for the patient a good result.

*Compound Fracture of the Metatarsal Bones.*—In this patient, the second, third, and fourth metatarsal bones of the foot sustained a compound fracture by a mass of rock falling on them. The foot was kept in the bath for fourteen days, and at the end of that time it was removed, and treated in the usual manner.

### Kristeller's Method of Delivery.

Dr. A. Grættinger, of Milwaukee, reports, in the *Transactions* of the Wisconsin Medical Society, several successful deliveries by this method, which he describes as follows:—

In performing this method, the physician stands at one side of the parturient woman, who is placed in the dorsal position, uncovers the abdomen, isolates the womb from the neighboring organs by gently displacing the intestinal convolutions, and rectifies any obliquity of the womb by bringing its long axis into coincidence with that of the pelvic brim. Now, he grasps the uterus with his hands, in the following manner: his little fingers point to the pelvis, his palms are applied to the fundus of the uterus, or upper portions of its sides, his thumbs to its anterior wall, his fingers, spread not too far apart, try to reach the posterior wall. The abdominal integuments being lax, he can do the latter quite easily, but also in fat and rigid integuments he will succeed with a little perseverance. He should apply his hands at equal heights. Then, after gently rubbing the parts grasped, he commences to press slightly downward, increases the pressure gradually, keeps it at a certain height from five to eight seconds, and diminishes it gradually. After an interval of from one to three minutes, he commences again. He may change the places of pressure. The os not being dilated very much, he should apply the pressure to the upper portions of the sides of the uterus, but the os being dilatable, or completely dilated, to the fundus. These compressions are to be repeated ten, twenty, or thirty times. In difficult cases, the physician may pause for ten or fifteen minutes, after ten or fifteen compressions. Toward the termination of the birth they should be made in more rapid succession. Sometimes a few of them suffice to terminate a case which had been lingering for many hours. If a marked effect is not produced by twenty or thirty compressions, they should not be continued any longer.

Kristeller's "Expressio fœtus" is applicable to all cases of inert labor, particularly when the head is arrested at the pelvic floor, or the shoulders are detained after the birth of the head.

It is invaluable in cases of breech presenta-

tions, which linger after they have progressed too far to bring down a foot. It may assist the manual extraction of the breech, or be applied alone. What mischief has been done by the blunt hook, applied to a living child, only he knows who has been instructed in its use. Its application to a living child should be avoided. The fillet, in place of the blunt hook, is also liable to inflict injuries, if there is much resistance to be overcome by strenuous pulling.

## Reviews and Book Notices.

### NOTES ON CURRENT MEDICAL LITERATURE.

——The *American Journal of Microscopy*, the first number of which appeared December 1st, is a neatly printed and illustrated sheet. Price 50 cents a year, single number 6 cents. Industrial Publication Co., 176 Broadway, New York City.

——The Journal of *Anatomy and Physiology*, October, 1875, makes a handsome octavo of 220 pages. It contains a series of histological studies, chief among which is Mr. F. M. Balfour's article on the Origin and History of the Urino-genital Organs of Vertebrates. Mr. Langley investigates the action of jaborandi on the heart, illustrated with tracings.

——In Dr. John Curwen's report, as Superintendent of the State Lunatic Hospital of Pennsylvania, the duties of parents and teachers toward children are forcibly set forth. Want of discipline at home, and too much confinement at school are what he complains of.

### BOOK NOTICES.

**A Text Book of Human Physiology: Designed** for the use of Practitioners and Students of Medicine. By Austin Flint, Jr., M.D., etc. Illustrated by 3 Lithographic Plates and 313 Woodcuts. New York, D. Appleton & Co., 1876. 1 volume, cloth, 8vo, pp. 978. For sale by J. B. Lippincott & Co.

This very exhaustive and handsome volume is based on the author's well known large treatise, in five volumes. While that was a complete library on physiology, this is a practical text book, presented with the skill of one who for years has been both an earnest experimenter and a distinguished public teacher of the science.

The earliest chapters are upon the blood and circulation. The remaining organic functions, the nervous system, and the problems of generation, are then taken up and disposed of. The mass of observation and theory which, of late years, has accumulated, with unexampled rapidity, around every physiological topic, is sifted with a ready hand. and only that presented which is well supported and of direct application. It would be difficult to find the equal of this text book, as a text book of the subject, in the English language. It bears, throughout, testimony to the most conscientious labor. The style is easy and clear, the illustrations exceedingly well drawn, engraved and printed; and the paper, slightly tinted and of excellent surface, sets them off to great advantage. We predict for it a long popularity among both students and practitioners.

**Hints in the Obstetric Procedure. By Wm. B.** Atkinson, M. D., etc. 1 vol., 8vo, cloth, pp. 89. $1.25.

This practical little volume is based upon an address of the author before the Philadelphia County Medical Society. His well-known ability in the department of medicine to which it is devoted gives a guaranty that it embraces in small compass the ripest and most trustworthy precepts of the art of midwifery touching delivery. Repudiating at the outset the "do nothing" system, he points out, in terse and lucid language, the principles which should guide the accoucheur in the crisis of his experience.

In the same compass, the young practitioner will not find in the language a clearer, fuller and safer guide.

**A Practical Treatise on Fractures and Dislocations.** By Frank Hastings Hamilton, A.M., M.D., LL.D., etc. Fifth edition, revised and improved. Illustrated with 344 wood cuts. Philadelphia, H. C. Lea. 1875. pp. 831.

This standard work is presented in this new edition after a careful revision. Many practical observations have been added, and the number of pages and woodcut illustrations have been increased. The progress which has been made in mechanical surgery since the work first was issued, has been great, but the author will be found to have watched the inventive mind of the age closely, and to have omitted nothing which a sound judgment has endorsed. The general arrangement of the book continues the same, and in point of manufacture it leaves nothing to be desired.

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## ON COMPULSORY VACCINATION.

The *nimia diligentia medici* has been too conspicuously condemned, of late years, for us to sin against that musty maxim now. If people are "peculiar," and choose to confine their doctoring to prayer and the laying on of hands, let them do it, say we, just so far as their silliness does not hurt their neighbors. But when it comes to dangerous contagious diseases, it is high time that the Law interfere to protect the innocent.

On the latter ground, thoughtful sanitarians are at one in advocating compulsory vaccination. Were small-pox not contagious, my neighbor might vaccinate himself and live, or take small-pox and die, and my remonstrances to him for choosing the latter would be based on my friendship for him, just as I advise him to avoid wet feet. But small-pox is contagious. His refusal to be vaccinated endangers my life, and in spreading it, he injures my property by increasing my taxes for the sick. Now, therefore, I should be protected against him. He should be vaccinated, will he nill he.

If we could predicate ordinary sense and affection in parents, we might trust to those qualities to induce the taking of this precaution without compulsion. But we cannot. In his report as Health officer of San Francisco, for last year, Dr. Henry Gibbons, Jr., writes:—

"Evidently little attention has been paid to vaccination. It is altogether probable that but a moiety of the children born during the year have received this protection. If we consider the large number of children of a larger growth who are yet unvaccinated, we may comprehend how vast an amount of food is already prepared for the dreaded scourge."

Physicians are awakening in earnest to this question, as several recent articles show. In the *Transactions* of the Wisconsin State Medical Society, Dr. E. L. Griffin has an earnest discourse on the topic, the key-note of which is in the following passage:—

"In our judgment, *compulsory measures* are the only effectual safeguard against the dangers entailed on our communities by neglect, by delay, by indifference, by prejudice, by ignorance and willfulness; and the considerate, the law-abiding humane people, everywhere, owe it to themselves and society, as a duty, to press the subject upon the attention of our legislators until we obtain the passage of a law that shall secure to every person and family, at least in our corporate cities and villages, the benefits of vaccination, and re-vaccination where necessary. Such a law would have an end so great, so grand, so pregnant with human weal, that nothing at present within the scope of the efforts of this society would be at all comparable to it in promised good.

"I cannot see how our legislatures, in view of a due regard for the public good, could hesitate to pass such a law, making vaccination compulsory, for it may be observed that intelligent people, as well as the ignorant, may be negligent, or may be willful, and that where the means of defence are afforded to all, for their voluntary employment, there is yet not all the good accomplished that the general welfare requires."

His arguments are sound and to the point, and we commend the paper to the careful perusal of the profession.

Compulsory laws exist in every European country, without exception, and generally are enforced, especially so in Scotland and Belgium. The results are most beneficent.

Of course, there are some who oppose them. So far as their objections are scientific, we discussed them in this journal a few weeks ago. There remain those which are moral or theological. We expect that those medical and clerical gentlemen who seem to think the great-pox is a visitation of Divine Providence for sin, and must not be hindered by enactments of man's legislatures, might hold some similar view about the small-pox. Their opinions we rank with the religious convictions of the natives of Yucatan. In 1849–50 this peninsula lost about 30,000 souls, nearly one half its population, chiefly through an epidemic of small-pox. To prevent the ravages of this disease, the Government decreed compulsory vaccination; but the decree had no effect, as the Yucatanese believe that the pits of small-pox are signs by which the Virgin Mary recognizes her servants, for whom, exclusively, the gates of heaven are opened. Thus the inhabitants object to vaccination, and those upon whom it is forcibly performed cut off the piece of skin on which the vaccine matter has been deposited.

As we might expect, the chief opposition to vaccination in England comes from the same set who oppose the contagious diseases acts—the sentimental religious class. A "Reverend" is head of the anti-vaccination league, and a few fanatic medical men back him. The enemies of the welfare of man, are these wolves in sheep's clothing, those who claim to be of the household of faith and science, and do despite to both.

—The Board of Health of this city says:—The Board of Education is respectfully requested and urged to enforce the rule which declares that no child shall be admitted or continued as a pupil in any public school, who has not been vaccinated.

## Notes and Comments.

### Stomatitis Materna.

Dr. J. B. Hoag writes to the *Journal of Materia Medica*:—

I have recently come in the possession of a prescription, which, from the testimony of those who have repeatedly used it, and in whom I have most explicit confidence, as well as from my own experience and observation, I believe to be, when thoroughly and judiciously used, as nearly a specific in this complaint as it is possible for any medicine to be in any disease.

The prescription is as follows, viz:—

| | | |
|---|---|---|
| R. | Biniodide of mercury, | grs. v |
| | Iodide of potassium, | grs. x |
| | Water, | ℥j. M. |

Dose, gtts. 3 to 5, three times a day, after meals. For topical use, add 6 drops to a tablespoonful of water, and wash the mouth thoroughly three or four times a day.

It is of great importance that the water should contain no alkaline properties, hence the necessity of using distilled, rain, river or other "soft" water.

It should be given after meals, as, when given on an empty stomach, it is liable to nauseate.

### Prof. Bouchardat's Rules for Glycosuric Patients.

If the urine voided in twenty four hours exceeds two and a half pints, take as little fluids as possible, even such as soups, broths, etc.

Drink little at a time; rinsing the mouth with iced water will be found to give relief.

Thirst may be relieved by chewing, slowly, small pieces of dried cocoa, or better, olives, or coffee beans.

Two meals a day (one at 10, and one at 6) are better than three.

Avoid repose and sleep after meals, for which a walk after meals is useful.

Don't go to bed until four or five hours after the last meal.

Abstain from drinking coffee and smoking.

### The Medical Relations of Twins.

In *Fraser's Magazine*, Mr. Francis Galton has a curious article on twins. His conclusions are instructive, medically. The close resemblance of physical condition, which amounts, in many cases, to a practical physical identity, renders twins liable to be affected in an identical manner, by common influences to which

they are exposed. Contagious diseases, accordingly, nearly always affect twins simultaneously, who are together. Diseases which are not contagious, but depend on external circumstances of very uncertain effect, frequently attack twins at the same time. Asthma and ophthalmia are instances of this, of which examples are cited from Trousseau. Still more striking are the examples in which diseases which can scarcely be said to be related to external conditions—diseases which, at any rate, are mainly the result of internal predisposition—occur at nearly the same time in twins. Mental derangement affords a striking illustration of this, of which some remarkable instances have been collected by Mr. Galton. In another case, two twin brothers died, at almost the same time, of Bright's disease.

### The Value of Trees in Towns.

Mr. Griffith, Medical Officer of Health, says: "In the formation of new streets, and on the eve of the contemplated widening and alteration of old ones, it is to be hoped that an effort will be made to provide for the planting and establishment of trees wherever practicable. From a sanitary point of view, the benefits are of incalculable value; it has been asserted that the aggregate surfaces of the leaves of well-grown elm, lime, and sycamore trees, with their 6,000,000 to 7,000,000 leaves, equal about 200,000 square feet, or about five acres; and these are almost constantly absorbing and digesting the carbonic acid and various exhalations given off by the putrefaction of animal and vegetable matter, and, as if grateful for such support, return into the air pure oxygen, which re-invigorates and renews animal life. Trees thus remove poison from our midst, and to be without them is an oversight. Trees can be had which will exist, with suitable attention, in any part of the city."

### Effect of Saline Solutions on the Stomach.

At a late meeting of the Academy of Natural Science, in this city, Prof. Frazer stated that in a recent conversation with Dr. Sterry Hunt, on the subject of the effect of saline solutions on the human stomach and intestines, he suggested, as his explanation of that effect, that it was primarily mechanical, or physical, consisting, in fact, of a dialytic action set up between the dense solution in the stomach and the less dense solutions in the tissues and lacteals communicating with it, the walls of the stomach and intestines forming the dialyzer, or diagram through which the action takes place The diffusion, he suggested, in accordance with Graham's well-known law, produces a greater flow of the less dense solution inward, than of the denser outward, from the stomach, and as a consequence, the filling of the latter and the draining of the small vessels. That repletion produces, by reflex action on the nerves occupying that portion of the human body, the further effects observed, is well known.

### Salicylic Acid Notes.

At a meeting in this city lately, Professor Remington related an instance in which salicylic acid, dusted upon the surface of wounds, could not be endured, from the irritation produced, while in solution, the difficulty did not arise.

The best solution is made by heating the water and acid in a close vessel. It will then contain three grains to the ounce.

Some experiments continue to give it decidedly the preference over carbolic acid. For one purpose, however, it cannot be used, that is, for disinfecting surgical, obstetrical, and other instruments, since it oxidizes steel with great rapidity.

In the American *Journal of Medical Science*, Dr. George H. Boyland gives eight cases of venereal treated by salicylic acid. They do not, however, bear criticism, so far as the acid is concerned. The treatment, to which it was merely an adjuvant, would have cured without it.

### Carious Teeth.

Dr. Lardier advises, in *L'Union Médicale*, to drop some collodion into carious teeth, after the latter have been cleaned and dried. The liquid collodion exactly fills the cavity of the tooth the ether evaporates, and narcotizes the nervous twigs. By solidifying, the collodion protects the tooth from the contact of the air. Dr. Lardier states that he has thus succeeded in relieving many patients.

### The Tuckabo.

At a meeting of a pharmaceutical society in this city last month, Dr. Miller presented a curious fungous growth obtained from the south, where it is occasionally found as a parasite on the roots of larch trees; in the far West it is used as an article of food by the Indians, and is known as tuckabo, or Indian head. Its botani-

cal name is lycoperdon solidum. It contains about 82 per cent. of starchy, and 4 per cent. of nitrogenous matter, so that it is highly nutritious. Occasionally the fungous attains large dimensions, equaling a man's trunk in size, or resembling a human head in shape, whence the name of Indian head.

### The Hours of Death.

In the West Riding *Reports*, Dr. Robert Lawson has a curious study on this subject. His conclusions are:—

"1. That there are some hours which are associated with a great liability to death. 2. That in acute and chronic diseases, the maximum hours of death are widely different. 3. That in chronic diseases a very large proportion of deaths occur at a period which may be said to range through one hour before, and one hour after 9 o'clock A. M. 4. That acute diseases are characterized by two periods of marked mortality—the first in the dead of night, the second in the afternoon."

### On Strychnine Poisoning.

A writer in the *Scientific American* (Nov. 27) gives the following as the treatment in strychnia poisoning, discovered by Dr. Crace Calvert, in 1852. The remedy is: To counteract strychnine, and cause it to be brought away by vomiting (if it has not been taken more than thirty minutes), pour down the throat one-half a grain of nitrate of soda every twenty minutes, until vomiting takes place. The patient will then sleep about forty hours, and awake all right.

## Correspondence

### The Mortality in Normal Ovariotomy.

[The following letter has been kindly written us by Dr. Battey, in reply to an inquiry made through us as to the danger to life in the operation of which he is the originator.—Editor Reporter.]

Ed. Med. and Surg. Reporter:—

In response to your question, "What danger to life" may be expected in the performance of my operation for removal of the ovaries, I would say, that the number of cases is as yet entirely too small to justify any definite conclusions.

I have, myself, operated ten times; I have the published accounts of but three cases by other operators; and if we may add to these three cases (Thomas, Gilmore, Battey) of Thomas' operation of vaginal ovariotomy, which may be assumed to represent similar dangers, we would have a total of sixteen operations. Of this number, the mortality has been two; and it is perhaps well that the two fatalities have both occurred under my own hand. I have not at any time claimed for my operation an immunity from danger, nor am I disposed to shield either myself or my proceedings from all proper responsibility; but it is pertinent to the question you ask to say, in connection with these two deaths, that the first occurred in a patient who was already convalescing nicely, to all appearance, from the operation, on the ninth day, from the discharge of a small pelvic abscess into the peritoneal cavity, from which the pus had no outlet. The other death took place upon the third day, and, as no autopsy could be obtained, the cause of death cannot be definitely stated. It is, however, probable, from the symptoms presented and the previous history, that the giving way of a long-weakened heart was an important factor in the fatal issue. Respectfully yours,

Robert Battey, M. D.

*Rome, Georgia, December 7th*, 1875.

### The Cold Water Treatment of Scarlatina.

Ed. Med and Surg. Reporter:—

Noticing a letter in a late number of your journal, on Dr. Corson's mode of treating scarlatina, and being the originator of the plan, it brings to mind the manner in which I first became acquainted with it.

A great many years ago, when I was a very young man, I was called to see some children, in the neighborhood of an old steam doctor, who had a patient at the same place, who, on seeing the children before leaving, told the mother that the disease was scarlet fever, and advised the free use of cold water, externally applied.

The children were in a desperate condition, tossing from side to side, and so hot that I could hardly bear my hand upon them. Not knowing any better plan to cool them, I readily fell into the old steamer's plan of treatment, contrary to the remonstrances of the grandmother, and soon had them cool, pleasant, and in a refreshing sleep. This plan, so far as it goes, I have kept up until the present day, and as humiliating as the fact of learning it from the source I did may be, I have had cause, many times, to thank him for his friendly suggestions. I do not doubt the fact of its being original with Dr. Hiram Corson, and was very glad to see its promulgation and advocacy by so able a pen as he wields. Yours, etc.,

*Cuthbert, Ga.* W. B. Tackett, M. D.

—Dr. William Bard, of Kingville, Ohio, died suddenly of heart disease, December 7.

# News and Miscellany.

### Medical Society of the State of Pennsylvania.

Ed. Med. and Surg. Reporter:—

Please insert the following:—

In printing the report of the Nominating Committee to the State Medical Society, at Pottsville, by accident, one entire sheet of that report was mislaid, and hence was omitted. It is as follows:—

Page 477, volume of *Transactions*, after committee of Publication. Add—

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.

Drs. Joseph Swartz, Perry Co.; R. Clarke, Blair; Thomas W. Shaw, Allegheny; T. J. Gallaher, Alleghany; Hiram Corson, Montgomery; L. DeB. Kuhn, Berks; P. D. Keyser, Philadelphia; Isaac Pursell, Montour; J. S. Crawford, Lycoming; Traill Green, Northampton; D. Hayes Agnew, Philadelphia; R. B. Mowry, Alleghany; Amos Seip, Northampton, Charles Horner, Adams; Lewis Darling, Jr., Tioga; Thomas Lyon, Lycoming; J. H. Vastine, Columbia; J. Criswell, Clarion; J. M. Livingston, Lancaster; W. C. Coleman, Westmoreland; P. C. Newbaker, Montour; R. V. Spackman, Montour.

Then should follow the names as printed.

Truly yours, W. B. Atkinson, M. D.

*Dec. 13th*, 1875.

### The Presbyterian Hospital, New York.

This Institution has taken a step of grave moment to the profession at large. The managers dropped four of the attending physicians, assigning no reason for the change. A number of prominent medical men, Dr. T. L. Markoe presiding, held a meeting and passed the following resolutions, which ought to express the sense of the profession everywhere:—

*Resolved*, That they believe that the four gentlemen dropped from the medical staff have not been treated with common justice.

*Resolved*, That no medical man should place himself in a position from which he may be dismissed without charges preferred, or hearing allowed.

*Resolved*, That in consideration of the primary importance of the relations of the medical profession to all hospitals and dispensaries, it is the sense of this meeting that similar occasions of disagreement between the Boards of Directors of hospitals and dispensaries and their medical staffs, as well as grave faults in the management or in the construction of hospitals, can be avoided only by an adequate representation of the medical profession in the membership of the Boards of Direction.

—Small-pox and diphtheria are prevalent, and very fatal in Newark, Brooklyn and vicinity.

### Personal.

—It will be a satisfaction to many American physicians to learn that Dr. London, of Vienna, who was for nine years physician-in-chief to the Rothschild Hospital, in Jerusalem, has established himself at the Carlsbad Springs, in Bohemia, one of the most celebrated watering places in Europe. We can recommend him as a safe and intelligent guide for their patients.

—The venerable Prof. N. R. Smith, M. D., of Baltimore, lately presided at a largely attended meeting in Baltimore, to express indignation at the manner in which the election, on November 2d, was conducted in that city.

—A telegram from Ottawa states that the sentence of death upon Dr. Davis and his wife, for the murder of Miss Gilmour, has been commuted to imprisonment for life. The commutation is a reward for their confession, by which the conviction of the betrayer of their victim is secured.

—The Commissioner of Education has requested Dr. Hough, of Lowville, N. Y., to prepare a pamphlet, "to be complete in all that expressly relates to educational, literary, or scientific matters in the constitution of each State, from the beginning down to the present time."

—Dr. Geo. A. Sterling, of Sag Harbor, has written us, that in the account of the operation described in the Reporter, November 20, he should have been more explicit in stating that it was performed by Dr. Rogers, under whose direction the after treatment was also carried out.

—Dr. J. T. Watson, an old and respectable citizen of Rising Sun, Indiana, was shot, and perhaps mortally wounded, by a young lawyer, named Jelly, on December 10. Jelly had been a lover of the doctor's daughter, but was recently notified that he must cease to visit her.

—The body of Dr. Dunham, of New Brunswick, N. J., whose mysterious disappearance was reported December 11, was found in the canal, near where his memorandum was found. His throat is said to have been cut from ear to ear, and his pockets turned inside out.

—At the late meeting in Richmond of the Association of Confederate Surgeons, Dr Hunter McGuire was elected President, and Dr. B. M. Wible, of Louisville, Vice President, for the ensuing year.

### Items.

—A French veterinarian says that, while noting the fact that the "foot and mouth disease" seemed invariably to spare cattle affected with cow-pox, he vaccinated a number of oxen as a preventive measure, with the result, that "not one of the twenty-five beasts successfully inoculated has, up to the present time, shown any sign of foot and mouth disease, although living among animals largely infected with it."

—The November temperature in Philadelphia was as follows:—Mean, 40 degrees; highest, 62 degrees, on 13th; lowest, 8 degrees, on 30th; range, 54 degrees; greatest daily range, 28 degrees, on the 12th. The range is the greatest and the minimum temperature is the lowest that has been observed at this station for the past five years.

## OBITUARY.

### DR. JAMES H. ARMSBY,

President and Professor of Surgery of the Albany Medical College, Albany, New York.

Dr. Armsby lectured before the students of the Medical College the day before his death. He subsequently called upon the family of Judge Harris, to condole with them in their bereavement. He was with the remains for some time, and became chilled by the low temperature of the room. The sensation of cold continued so perceptibly that he made it the subject of remark, but expecting that it would soon pass off, he entered upon his usual office and literary labors, writing, as was his custom, until after 11 o'clock, when he retired. At 5 o'clock in the morning he called one of the family, to whom he expressed the fear that he was seriously ill. His son, with other members of the household, was immediately called, and such remedies as were deemed appropriate administered. But they were of no avail. The lungs rapidly congested, and he died at 6 o'clock.

Dr. Armsby was born in Sutton, Massachusetts, in 1808, and came to Albany in 1830, as a student of Dr. Alden March; and after graduating, became associated with him as partner and assistant teacher of anatomy. Then a full professor of anatomy, which position he retained until the death of Dr. Alden March, in 1869, when he succeeded him in the Chair of Surgery. On the death of Dr. McNaughten, in 1873, he became President of the faculty of the Medical College. Dr. Armsby was a very superior anatomist, and many of his dissections are remarkable for their skill and perfection. He was also a very attractive teacher. As a surgeon he devised a new method for the radical cure of hernia, now in use in the continental hospitals. Dr. Armsby's entire life seemed to turn on the ambition to found a great university. In a great measure he succeeded. Dudley Observatory was founded through his efforts. The Medical College and Law School, and Gallery of Fine Arts, and latterly, its connection with Union College as a university, are all, more or less, the personal result of his life-long efforts.

Dr. Armsby was Consul to Naples in 1861, and connected with numerous societies, both as honorary and corresponding member. He was a man of versatile talents, with great energy, and a very careful surgeon, as well as a popular teacher.

### DR. ISAAC S. HUNT.

Resolutions passed by the Tri-States Medical Association, at its regular meeting, December 1st, 1875, at Port Jervis, New York, on the death of Isaac S. Hunt, M. D., of Port Jervis.

*Resolved*, That in the death of our lamented brother, this Society and the profession have suffered the loss of a worthy member, and one we had all learned to love and respect.

*Resolved*, That we unite in tendering to the family of our late brother and associate the assurance of our deepest sympathy, not in the hope that we can lighten the burden of their sorrow, but as an expression of our claim to share their grief, as sincerely as we mourn his loss.

*Resolved*, That these resolutions be entered on the minutes of the Association, and that they be published in the local papers, and a copy sent to the family of our late brother, and also to the editor of the MEDICAL AND SURGICAL REPORTER, for publication,

B. G. McCABE,
WM. L. APPLEY,
E. CROCKER,
} Committee.

### DR. EDWARD WALLACE.

At a conversational meeting of the Philadelphia County Medical Society, held November 24th, 1875, the following resolutions, presented by Dr. Washington L. Atlee, were unanimously adopted.

*Resolved*, That in the decease of our late fellow-member, the Philadelphia County Medical Society has lost the services of an efficient officer, and an active and high-toned associate; the Medical profession a gentleman, distinguished for ability and urbanity; and society the influence of a valuable and esteemed citizen.

*Resolved*, That the chair of Second Vice President, made vacant by his death, shall not be filled during the remainder of the term.

*Resolved*, That we sincerely condole with the family in the afflicting bereavement which deprives them of one whose upright and unobtrusive life secured him universal esteem and respect.

*Resolved*, That these proceedings be entered on the minutes of the Society, and a copy of them be furnished to the family of the late Dr. Wallace, signed by the President and Secretary.

H. LEAMAN, *Recording Secretary.*

## MARRIAGES.

GAILEY—LUCAS.—At Marion, Ohio October 20th, 1875, by Rev. D. D. Waugh, Dr. Calvin P. Gailey, formerly of Alameda, California, and Carrie A., daughter of H. S. Lucas, Esq., of Marion, Ohio

McILVEEN—WINTER.—On the night of the 20th of October, by Rev. J. S. Groves, Dr. T. S. McIlveen and Miss Bettie, daughter of Dr. P. W. Winter, all of Fairfield, Texas.

SAYLE—MURREY.—In Little Rock, Arkansas, on Wednesday, the 1st inst., by the Rev. Dr. Welch, Dr. W. A. C. Sayle, of Lewisburg, Arkansas, and Mrs. Emma Murrey, late of Austin, Texas.

SNEED—JOHNSON.—On the 13th of October, by Rev. J. H. Hollingsworth, Dr. W. N. Sneed and Miss Alice V. Johnson, all of Fairfield, Texas.

## DEATHS.

CASSELBERRY.—On Saturday, December 4th, 1875, in Hazleton, Pa., of pneumonia, Mrs. Dr. J. R. Casselberry, in her 47th year.

NAW.—At Carroll, Ohio, December 6th, 1875, Dr. J. H. Naw, aged 29 years, 7 months and 13 days.

THE

# MEDICAL AND SURGICAL REPORTER.

No. 982.] PHILADELPHIA, DEC. 25, 1875. [Vol. XXXIII.—No. 26.

## Original Department.

### Lecture.

### ABORTION.

DELIVERED BY PROF. WM. T. LUSK,

Professor of Obstetrics and Diseases of Women and Children, at Bellevue Hospital Medical College, October 25th, 1875.

III.

Gentlemen:—There have been many suggestions made and plans proposed to enable physicians to get rid of the duty of removing the ovum by the finger passed into the uterus. Yet it will not do to leave the ovum behind; and there is no real difficulty in bringing it away, if you only start with the idea that you will succeed. Sometimes it may take a little time before you can get hold of the ovum, but because you cannot get it away in a minute, and because you get discouraged, you may want to try some of the other plans suggested; and the readiest thing that will occur to you will be the ovum forceps—to pass the instrument up into the cavity of the uterus, and substitute it for the finger. The objection I have to the forceps is, that you never know, in cases where the ovum is high up, exactly what you are seizing; and if the ovum is well down in the cervical canal, while the ovum forceps are safe, the ovum will pass out, if you let it alone. The forceps may, however, be employed in such cases to expedite delivery, and thus speedily to relieve the woman of her distress. If you use the forceps, follow Dr. Thomas' advice, put your patient upon the left side, and use Sims' speculum. Hook the cervix with a tenaculum, draw it down, and, with your eyes to guide you, apply the forceps. In this way the patient is exposed to no risk. Only remember, that where forceps can be used with entire safety, it is not absolutely necessary to use them at all.

Another way of promoting the expulsion of the ovum is to pass the finger up into the vagina, and press upon the uterus anteriorly, while the disengaged hand grasps the fundus uteri. You will, however, only succeed in cases in which the ovum already occupies the cervical canal. When in that position, the bimanual compression may be employed to expel the ovum in a few minutes, and thus save your patient the pain of delay.

In some cases, the simple introduction of a finger up through the os internum, and allowing it to remain there, may, by exciting contractions of the uterus, cause the expulsion of the ovum.

You may sometimes be called in to see cases in which there has been either no medical attendance, or else one who, either from carelessness or timidity, has left the ovum behind, and then abandoned the patient. One, two, or three weeks after the abortion has taken place, you are called in, and you find the ovum retained and decomposed. It is here, more than ever, important to remove the ovum, in view of the dangers from septic absorption. Now, in every case in which there exists a decomposed ovum in the body of the uterus, the cervical canal is patulous. You can pass your finger even three weeks after the abortion has taken place. The removal of the ovum is effected in the manner already described. The introduction of the finger, however, of necessity leads to the rupture of the capillaries in the mucous

membrane of the uterus, and absorption of the putrid material contained in the uterus is apt to take place, to prevent which it is well to follow extraction by an injection of the uterine cavity with a solution of carbolic acid, from a drachm to a pint. If, however, septic fever sets in, it rarely lasts more than twelve hours, the small amount of septic material left behind after the removal of the ovum rapidly exhausting itself because the supply for blood-poisoning is insufficient. The necessity for removing a putrid ovum is not impaired by the coexistence of either pelvic cellulitis or pelvic peritonitis. The inflammation in these cases is due to the absorption of septic material by the walls of the uterus through the blood-vessels and lymphatics. Thus it becomes one's duty to pass the finger up, and remove the source of the serious symptoms, which are more likely to be controlled by boldness than by parley.

In cases in which patients who have retained portions of ovum, but in which decomposition had not taken place, the ovum may be situated high up and out of reach. Sub-involution may exist in the vicinity of the retained ovum, while the lower segment of the uterus is completely closed, so that the finger can no longer be passed up into the cavity of the uterus. As hemorrhage always exists under such circumstances, you must manage to get away the portion of retained placenta. To do this, you may begin by trying for a day or two the introduction of the tampon, with the administration of ergot, in hopes that those agents will force the retained body down into the cervical canal; but I think it is better, especially if your patient has been losing much blood, to introduce a sponge tent at once, and expand the cervix. You know the sponge tent not only exerts pressure, which expands the cervix, but at the same time produces a physiological softening of the tissues, such as exists in labor. Begin with a large sponge tent, and take care to pass it up through the os internum; leave it in twelve hours, when the cervix will have become sufficiently dilated to allow the introduction of the finger. If you have not introduced the sponge tent far enough, however, you will find that you have distended only the lower portion of the canal, while the os internum remains closed, and then it may become necessary to use a second sponge tent. You remember I spoke of the statement of Dr. Goodell, of Philadelphia, that you rarely have any inflammation resulting from the use of the first sponge tent, so it is desirable to be careful to introduce the first one properly.

Sometimes, from mismanagement or neglect, incomplete expulsion of the ovum takes place. When a portion of the placenta or ovum remains adherent to the uterus, after the placenta is developed, fibrin forms around it, and fills the spaces between the villi. A polypus-like body is thus formed, commonly termed a placental polypus. The presence of such a body is to be suspected where abortion has occurred but hemorrhage continues. The latter may cease for a time, while the woman is in bed, but only to return again so soon as she leaves the recumbent position. It is sometimes difficult to determine in these cases whether a patient has been pregnant or not. The woman herself oftentimes may have been unconscious of pregnancy existing. This week a woman was sent to the hospital with a history of constant hemorrhage. I asked her if she had been pregnant. She said no! Was she married? Yes. How long? Five months. Had she passed over any period since her marriage? Yes, one month after marriage, but they returned the following month, and since then she has had her courses all the time. I found on examination a placental polypus protruding through the cervix, and had only to twist it off to relieve her of her trouble.

In the removal of these bodies by the finger, it is necessary to detach them from the wall of the uterus. To do this we must get the finger above them. In working from below upward, you push the uterus away from you, and thus work at a disadvantage. To get that polypus out, it is important to work from above downward, which necessitates a choice in the hand employed. When a placental polypus is situated in the lower segment of the uterus, dilatation of the cervix will be found to exist, so that we can pass the finger at once into the uterus. It is impossible, of course, to tell in advance the side upon which you will find the polypus, whether on the left side, right side, anteriorly or posteriorly. In cases where it is on the right side, you would have to pass the index finger of the right hand up along the left side, along the fundus, and remove it as the finger descends down the right side. If it happens to be on the left side, you would pass in the index finger of the left hand, and proceed up along the right side, over the fundus, and

descend along the left side. If it happens to be situated anteriorly or posteriorly, it makes no difference which hand is used, but it is best to try the left hand, the index finger of which is smaller than that on the right hand, changing, however, to the right hand should the situation of the polypus on the right side render it necessary. Where the polypus is situated at the fundus of the uterus, sub-involution will take place above, while below the uterus so far returns to its normal size as to produce closure of the os internum. As the woman cannot be permitted to bleed indefinitely, you would here pass in a sponge tent, and previously expand the cervix, afterwards passing your finger, and removing the bodies in the same way. The placental remains are usually small, and it is not, by any means, so easy to get them out after detachment as one might suppose; for if the body is small, and does not fill up the cavity of the uterus, it is apt to slip by your finger and get above it, so as to make it necessary to return the finger, and get above it again. The way to remove these small bodies is to press them with the finger closely against the walls of the uterus, until they are brought to the cervix; and then, if it is found difficult to complete their removal, it is proper to resort to the aid of the ovum forceps. Even in cases of perimetritis or parimetritis, it is better to remove placental bodies than to leave them in the uterus to excite hemorrhage, or, from decomposition, to produce an aggravation of existing symptoms. Afterward, never forget to wash out the uterus.

We have next to consider cases of partus immaturius in miscarriage, as the interruption of pregnancy in the fourth, fifth, or sixth month of pregnancy is termed, *i. e.*, until the child becomes viable. There is a practical reason for separating abortion from these cases, because in the later months rupture of the membrane takes place in the large majority of cases, the fœtus escaping first, and afterwards followed by expulsion of the placenta and membranes. And then, in their management, whereas in the first three months we can pass only one finger into the cavity of the uterus, in the fourth and fifth month we can pass two fingers, and in the sixth and seventh month we can introduce the half hand, while in the eighth month, in case of need, it is possible to pass in the whole hand, for the removal of bodies which have been retained. In the fourth and fifth month, however, exceptionally, you have the ovum expelled entire. Although, as a rule, as I have said, we have the membranes rupture first, in some curious cases we have the chorion and the decidua first ruptured, and then the amnion containing the fœtus may be expelled entire, leaving the chorion and decidua to be expelled afterwards. After the membranes rupture, the pressure is taken off from the walls of the uterus, and hemorrhage occurs, which is frequently very profuse. To check the hemorrhage, we should seize the fundus of the uterus, just as we do at full term, and endeavor, by compressing it, to close the walls of the vessels and check the hemorrhage, and at the same time to express the placenta.

Even in the first three months, the pains that occur are of a dull, constant character. After the fourth month, the regular bearing-down pains are experienced. After the emptying of the amnion, and expulsion of the fœtus, should compression fail to check the hemorrhage and force out the placenta, its removal becomes necessary. Even when the hemorrhage is temporarily checked, it is not well to delay too long the removal of the placenta, which can generally be accomplished more readily during the first three quarters of an hour than later. Remember that in the fourth or fifth month the placenta can be removed by precisely the same rule employed in the case of a placental polypus. Endeavor to get your fingers above the placenta, which you will find has generally been partially detached by the contractions of the uterus. In the sixth and seventh month, the detachment of the placenta is accomplished by precisely the same rules which govern its removal at full term. If necessary, you may use four fingers, or even the whole hand; but even at full term it is rarely necessary to introduce more than four fingers; still more frequently, two fingers will suffice. With regard to the retained ovum at this later period, all the rules which I have given you cover the ground. When the ovum is decomposed, the cervix will be found patulous. If the ovum is not decomposed, and is detained in the uterus, you must put in a sponge tent, and dilate the cervix previous to attempting its removal. These points ought to enable you all to get out of your difficulties in cases of abortion.

Cases in which abortion has been improperly managed at the time, and which fall afterward into your hands, form a department of practice

in which intelligent treatment is almost always rewarded by success. Even when your patients look as if they could not live another hour, if you remove these bodies, in a week after they will oftentimes be up and around, and add more to your reputation than almost any other class of cases. I had infinitely rather treat a patient of this kind than one with cervical catarrh. A patient comes to you with catarrh, and though you may know just what to do, you never can predict just how long it will take to accomplish a cure; but in these cases you are able to assure your patient that, in the course of a few days, she may expect a complete recovery.

# Editorial Department.

## Reviews and Book Notices.

### NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. Louis A. Duhring, of this city, has in preparation an "Atlas of Skin Diseases." The atlas will consist of a series of original, nearly life-size, chromo-lithographic illustrations, painted from life, representing the most important diseases met with in the United States. The drawings will be reproduced in the highest style of the chromo-lithographic art. This atlas will appear in parts, to be issued quarterly, each containing four plates. J. B. Lippincott & Co., publishers.

——Two clinical lectures, by Dr. William Goodell, on the causes, prevention, and cure of laceration of the perineum, have been published in pamphlet form (J. B. Lippincott & Co.). They are well illustrated, and the suggestions are most ingenious and practical.

——The "American Agriculturist" is a marvel of cheapness, beauty and utility, costing only $1.60 a year, postage included, for its more than 500 double pages of useful information, and 500 to 600 fine engravings. Every family should have it. Orange Judd Company, publishers, 245 Broadway, New York city.

——Lippincott's Magazine makes a strong bid for popular favor during the coming year by beginning in the January number a series of papers entitled "The Century, its Fruits and its Festival," and designed, as the name indicates, as a record of the Centennial Exhibition. The whole number is bright and readable in a high degree, and commends this magazine strongly to those desiring to subscribe to such a periodical for the coming year. $4.00 per annum. J. B. Lippincott & Co., publishers, Philadelphia.

——The tenth of the series of "American Clinical Lectures," published by G. P. Putnam's Sons, Fourth avenue and Twenty-third street, New York, is by Prof. Alfred L. Loomis, on Peritonitis.

——Dr. Henry Gibbon's Report, as Health Officer of San Francisco, is a brief and careful summary of the vital statistics of that city, as near as they can be gotten at—which is not very near.

——A neat pamphlet has been published by John McKittrick & Co., St. Louis, entitled "Manitou, Colorado, its mineral waters and climate, by S. Edwin Solly, M.R.C.S." It gives analyses and other interesting facts regarding these far-west sources.

——Dr. Thad. M. Stevens, of Indianapolis, has favored us with reprints of several articles written by him lately. One is on State Boards of Health, their value, and the subjects they study; another on malpractice; and a third on an ingenious method of rapid and automatic filtration. Copies may be had of the author.

——The *Penn Monthly*, published at corner 8th and Locust, Philadelphia, is an ably conducted journal, giving a wide variety of well selected articles on science, literature, political economy and art. Its critiques are usually impartial and penetrating.

——Dr. V. T. M'Gillycuddy sends us a copy of his map of the lately explored and auriferous Black Hills country. It is, so far, the best, and we may say, only one published.

THE

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A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M. D., EDITOR.

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### THE CLOSE OF 1875.

With this number the thirty-third volume of the Medical and Surgical Reporter draws to a close. We give an ample index of its contents, which shows, in more positive words than any we can use, the great variety and richness of it contents. No volume that has yet appeared has so many articles, none has such carefully written and selected ones.

For this excellence the editor returns his thanks to the many gentlemen who have assisted him in achieving this result, and to the continued kindness of subscribers who have enabled him to meet the very heavy expenses which such an undertaking entails.

In spite of the general depression in the publishing interest, he is happy to see at the close of the year the journal more thoroughly established than ever before, and with a corps of laborers which guarantees for it a long and useful future. In the coming year we feel confident of equal and even greater support from both contributors and subscribers.

## Notes and Comments.

### The Catheter in Enlarged Prostate.

At a meeting of the Tri-States Medical Association, held at the Delaware House, Port Jervis, New York, December 1st, 1875, Dr. W. L. Appley, of Cochecton, New York, read a paper on the treatment of enlarged prostate; advocating the early use of the catheter as the best remedy; giving his experience, and the result of several cases treated by him in this way. Three men over sixty years of age, that had acquired the tolerance of the catheter, and introduced it themselves four or five times daily, and could not void a drop of urine without it, depend upon it entirely to empty the bladder. One had used it two years, one four or five, and one had worn a silver catheter, constantly, for ten years, removing it once a week, long enough to wash it. The man is hale, ruddy-faced, and quite active. The Doctor urged it as a duty upon the profession, to be unanimous in insisting upon the early use of the catheter by the unwilling patient; and have him understand the importance of commencing the use of the instrument early, and have him learn to be his own surgeon, and acquire the tolerance of the instrument before he has retention.

The Association voted, unanimously, to have the paper published.

### The Digestive Movement in Plants.

The following account of this movement is that given by Dr. Darwin in his late work :—

It opens up to us the secret of many of the so called animal motions. The interior of each cell is filled with, or rather is composed of, a mass of protoplasm. This at rest and in health is more or less uniform in character; but being irritated or excited, it becomes cloudy from the formation of granules, and these granules, in accordance with their ordinary laws, tend to aggregate into a spherical mass, leaving a clear ring of moving protoplasm around. This ring also disappears, and now there is but one central protoplasmic mass, undergoing all manner of changes of shape, such as we are wont to see in free-moving leucocytes. Cell after cell is thus affected in a moment's time, until, under

the influence of the combined movements, the whole tentacle obeys the impulse, and closes in upon its prey. This continues whilst the gland cells are in an actively oxygenated state, but by-and-by ceases, the tentacles re-expand, the cellular masses of protoplasm are re-dissolved, and the cells fill with a homogeneous liquid.

### The Healing Element in Arnica.

The ingredient in arnica long supposed most important was *arnicine*, an amorphous bitter substance, almost insoluble in water, but freely soluble in alcohol and ether; or else the ethereal oil, which is also insoluble in water. For a variety of reasons, it is now probable that neither arnicine nor the oil, but *trimethylamine*, an organic alkali, is the really useful constituent of arnica.

Trimethylamine, $C_3 H_9 N$, is a clear, colorless fluid, very volatile, and freely soluble in water, alcohol, and ether.

For external bruises and cuts arnica is, undoubtedly, very useful; and the mischances that have attended its use have probably resulted from the fact that the tincture, containing arnicine and the volatile oil, has been employed. The infusion or decoction alone should be used, and it would be better to give up employing all liniments and lotions in which the tincture is present.

### Subcutaneous Operation for Cicatrix.

Not long since, Mr. Adams showed to the London Medical Society a young woman on whom he had operated for an ugly cicatrix, left when a part of the lower jaw had to be removed. The operation performed for the large depressed cicatrix on the right side consisted in subcutaneous division of all the deep adhesions, and then thorough eversion of the cicatrix, turning it as it were inside out, and keeping the cicatricial tissue raised by two needles passed through its base. This tissue, at the time swollen and infiltrated, gradually sank to the level of the surrounding skin after the removal of the needles on the third day. Since the operation, performed more than three years ago, there had been no disposition whatever to a return of the depression, and but a very slight trace remains of the cicatrix. The two smaller cicatrices had been excised, but in one of these depression returned, and at the desire of the patient the subcutaneous operation was performed a month ago, and to all appearances is perfectly successful. Mr. Adams, in conclusion, remarked that the present case was the third in which he had operated by this subcutaneous method, first suggested and performed by himself in March, 1864.

### Blue Urine.

At the Society of Biology, lately, a good example of blue urine was exhibited by M. Albert Robin. The urine was from a hysterical female, and might be considered a critical phenomenon, judging from the neuralgic paroxysms. Whatever quantity there might be, the urine was always turbid, and contained only a little urea and uric acid, but a great quantity of phosphate of lime, ammonia, magnesian phosphate, and even silica. The blue material was composed of amorphous masses of nuclei and granules. Under the influence of heat it became reddish; fermentation gave it a wine color, hydrochloric acid a reddish carmine; this last reaction was characteristic. In fact, the blue material appeared to have all the characters of what Braconnet calls cyanurine, and which he attributes to a transformation of uric acid, and which other authors, especially Nencki, consider under the name of *indol*.

## News and Miscellany.

—We are still in need of a few numbers of Half-Yearly Compendium, Ser. 1, No 11; and copies of the Reporter for Jan. 1874.

### QUERIES AND REPLIES.

*Dr. W. H. W., of Ill.*—For the Smithsonian Report apply to your Congressman.

*Dr. W. P., of Ala.*—We know of no authentic instances of pre-Adamitic remains in the United States.

### OBITUARY.

#### DR. JOHN P. METTAUER.

It becomes our sad duty, says the Virginia *Medical Times*, to record the death of another of Virginia's great men, Dr. J. P. Mettauer. He died of some renal disease, at his residence, at Worsham (the old Court House of Prince Edward County), Va., on November 22d, 1875, in the 88th year of his age. He entered upon the practice of his profession when about twenty-one years of age, and continued constantly at his post until within a few days of his death, when seized by the fatal attack of disease, all the while enjoying a large and lucrative practice. During his long life of active labor, he won for himself, at home and abroad, an enviable reputation. Indeed, no Southern surgeon was more widely known. Many of his contributions to medical journals have become authoritative papers. But want of space curtails our notice; no doubt a full record will appear in the next report of the Necrological Committee of the Medical Society of Virginia, of which Society he was an honorary member. We can only add our full endorsation of the statement made in the Richmond *Dispatch*, that "he was a man of scrupulous integrity, high tone, much culture and great gravity and dignity of manner."

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